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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F87819** (1)

1. Corporation Name
SANTA CRUZ FURNITURE INC.

V13534



Principal Place of Business: % ROBERTO MONTEJO, 7795 W. FLAGLER ST., MIAMI FL 33144-9398
Mailing Address: % ROBERTO MONTEJO, 7795 W. FLAGLER ST., MIAMI FL 33144-9398

3. Date Incorporated or Qualified: 06/23/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0224155
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt #, etc., City & State, Zip, Country
22. Mailing Address: Suite, Apt #, etc., City & State, Zip, Country
23. City & State
24. Zip, Country
25. Country
26. Suite, Apt #, etc.
27. City & State
28. City & State
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
**MONTEJO, ROBERTO
8380 S.W. 4TH ST.
MIAMI FL 33144**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____
Signature typed or printed name of registered agent or director acceptable. (NOTE: For 2-year Agent Signature, must show when and where signed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: MONTEJO, ROBERTO STREET ADDRESS: 8380 S.W. 4TH ST. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TITLE: SD NAME: MONTEJO, OLGA M. STREET ADDRESS: 8380 S.W. 4TH ST. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: T/D 2.2 NAME: MONTEJO, OLGA M. 2.3 STREET ADDRESS: 8380 SW 4 ST 2.4 CITY-ST-ZIP: MIAMI, FL 33144
TITLE: P NAME: MONTEJO, ROBERTO JR. STREET ADDRESS: 8380 S.W. 4TH ST. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: V/P/D 3.2 NAME: MONTEJO, ROBERTO JR 3.3 STREET ADDRESS: 8380 SW 4 ST 3.4 CITY-ST-ZIP: MIAMI FL 33144
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: S/D 5.2 NAME: BENITEZ, OLGA M. 5.3 STREET ADDRESS: 8380 SW 4 STREET 5.4 CITY-ST-ZIP: MIAMI, FL 33144
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Roberto Montejo, Director** *[Signature]* 4/22/96 305/261-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)