

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Capital Building
Tallahassee, Florida 32399
(904) 493-0000

**APPROVED
AND
FILED**

95 MAY -1 11 9:29

DOCUMENT # L48902

(5)

APPLE TREE OFFICE FURNITURE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2100 PONCE DE LEON BLVD., #101
CORAL GABLES FL 33134
US

2100 PONCE DE LEON BLVD., #101
CORAL GABLES FL 33134
US

(SEE INSTRUCTIONS TO FORMS 1001-1002)

3. Date incorporated or created	3a. Date of last report
02/02/1990	10/04/1994
4. FEI Number	Applied Fee
65-0198718	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation is subject to and complies with the Florida Foreign Statutes.	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTELLANOS, PEDRO E.
2104 SW 93RD CT.
MIAMI FL 33144

81. Name	85. Zip Code
82. Street Address of C.O. Box Number or Not Applicable	
83	
84. City	FL

11. I, the undersigned, being a duly qualified officer or director of the corporation named herein, hereby certify that the information furnished on this report is true and complete to the best of my knowledge and belief, and that I am a resident of this state. I am not a director or officer of the corporation named herein.

SIGNATURE OF OFFICER OR DIRECTOR OF CORPORATION

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																		
<table border="1"> <tr> <td>NAME</td> <td>PTD</td> </tr> <tr> <td>CASTELLANOS, PEDRO E.</td> <td></td> </tr> <tr> <td>2104 S W 93RD CT.</td> <td></td> </tr> <tr> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>VD</td> <td></td> </tr> <tr> <td>CASTELLANOS, EFREN</td> <td></td> </tr> <tr> <td>2104 S W 93RD CT.</td> <td></td> </tr> <tr> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>SD</td> <td></td> </tr> <tr> <td>CASTELLANOS, MARIA J.</td> <td></td> </tr> <tr> <td>2104 S W 93RD CT.</td> <td></td> </tr> <tr> <td>MIAMI FL</td> <td></td> </tr> </table>	NAME	PTD	CASTELLANOS, PEDRO E.		2104 S W 93RD CT.		MIAMI FL		VD		CASTELLANOS, EFREN		2104 S W 93RD CT.		MIAMI FL		SD		CASTELLANOS, MARIA J.		2104 S W 93RD CT.		MIAMI FL		<table border="1"> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP CODE</td> <td></td> </tr> </table>	NAME		STREET ADDRESS		CITY		STATE		ZIP CODE	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This report is a document of the corporation and is not a document of the State of Florida. It is not a document of the State of Florida and is not a document of the State of Florida.

SIGNATURE:
SIGNATURE KNOWN BY OR PRINTED NAME OF OFFICER OR DIRECTOR