## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # L48902 (5) APPLE TREE OFFICE FURNITURE, INC.							
Principal Place of Business 2100 PONCE DE LEON BLVD., #101 CORAL GABLES FL 33134 US		2100 PONCE DE LEON BLV	Mailing Address 2100 PONCE DE LEON BLVD #101 CORAL GABLES FL 33134-5215 US				H 51611 1041
					3. Date Incorporated or Qualified 02/02/1990	3a. Date of Last 03/27/1996	
<u> </u>	ace of Business	2a, Mailing Address			4. FEI Number 65-0198718		Applied For
Suite Apt.	W, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75	Not Applicable Additional
City & State	)	City & State	City & State		6. Election Campaign Financing		Required  May Be
<b>23</b> ] Zip	Country	28 Zip	Country	,	Trust Fund Contribution  8. This corporation has liability for		to Fees
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes V Yes No 10, Name and Address of New Registered Agent			
CAS	TELLANOS, PEDRO E.	in toglatorou Agont	81	Name	IV. Harris and Address of the fire	Aieteled Adelic	
2104	SW 93RD CT.		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33144		83	<u> </u>			
			84	City		85 Zir	D Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the p	FL 55 21	its registered
office or re agent. I ar	egistered agent, or both, in the Stal in familiar with, and accept the obli-	te of Florida. Such change was au gations of, Section 607,0505, Flor	ithorized by ida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception	ot the appointment a	is registered
SIGNATURE	Signature ityped or printed name of registered a	pent and title if applicable (NOTE:	Registered Age	ent signature requi	ired when reinslating)	DATE	<u> </u>
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		)RS IN 12
THLE			1.1 TITLE			☐ Change	Addition
NAME	CASTELLANOS, PEDRO E.		1.2 NAME				
STREET ADDRESS	2104 S W 93RD CT.			ADDRESS			
CITY-ST-7/P	MIAMI FL VD	The state of the s		ST- ZIP		Change	Addition
TITLE NAME	CASTELLANOS, EFREN	LJ DECETE	21 TITLE 22 NAME			Criange	L.J ABURIUN
STREET ADDRESS	AAAA A MAAAAA AT		2.3 STREET	T ADADECC			}
CHY-ST-ZIP	MAAN FI		2.4 CITY-				
TIPLE			3.1 TITLE	<u> </u>	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Change	Addition
NAME	CASTELLANOS, MARIA J. 32		3.2 NAME				1
STREET ADDRESS	2104 S W 93RD CT.		3.3 STREET	T ADDRESS			
CHTY-ST-7IP	MIAMI FL		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			L.] Change	e ∐ Addition
NAME DVDSS LADSSOCO			4.2 NAME	- 1			
STREET ADDRESS   CITY-ST-ZIP			4.3 STREET	ADDRESS			
TITLE THE		DELETE	5.1 TITLE	21. CR	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAME	]			
STHEET ADDRESS			5 3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	ov cartily that the information curely	ad with this filing does not qualif.	6.4 CITY-S	montion state	d in Section 119.07(3)(i), Florida Statute	e I further contifu the	ot the
informatio I am an of appears in	in indicated on this annual report or ficer or director of the corporation in Block 12 or Block 13 if changed,	supplemental annual report is true the receiver or trustee empower on an attack even with an address the supplemental true to the control of	ue and acc red to execuses.	urate and tha cute this repo	It my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made u statutes; and that my	inder oath; that / name

**FILED** 

Apr 17 1997 8:00am

Secretary of State

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