

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L48902** (5)

1. Corporation Name

**APPLE TREE OFFICE FURNITURE, INC.**

Principal Place of Business

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

Mailing Address

**2100 PONCE DE LEON BLVD., #101  
CORAL GABLES FL 33134-5215  
US**

3. Date Incorporated or Qualified

**02/02/1990**

3a. Date of Last Report

**03/27/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0198718**

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTELLANOS, PEDRO E.</b>	
STREET ADDRESS	<b>2104 S W 93RD CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTELLANOS, EFREN</b>	
STREET ADDRESS	<b>2104 S W 93RD CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTELLANOS, MARIA J.</b>	
STREET ADDRESS	<b>2104 S W 93RD CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-97**

Date

Daytime Phone #

0184126

CR2E034 (9/96)