

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L52867** (3)

1. Corporation Name

MAGY'S FURNITURE INC.



Principal Place of Business

**256 W 29TH ST
HIALEAH FL 33012**

Mailing Address

**256 W 29TH ST
HIALEAH FL 33012**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PEREZ, ELOY A
440 E 23RD STREET, APT 1402
HIALEAH, FL 33012**

3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0177569

☒ 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

10. Name and Address of New Registered Agent

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 Mr. B. Mortham)

(If the Registered Agent signature is required, enter it here)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	DPT			☐
	PEREZ, ELOY A.			
	440 E 23RD ST, APT 1402			
	HIALEAH FL			
	DVS			☐
	LUIS, LEYVA			
	7040 THOMAS ST.			
	HOLLYWOOD FL			
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1.1				☐	☐	☐
1.2						
1.3						
1.4						
2.1				☐	☐	☐
2.2						
2.3						
2.4						
3.1				☐	☐	☐
3.2						
3.3						
3.4						
4.1				☐	☐	☐
4.2						
4.3						
4.4						
5.1				☐	☐	☐
5.2						
5.3						
5.4						
6.1				☐	☐	☐
6.2						
6.3						
6.4						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 205/8857686
Date Daytime Phone

CR2E034 (12/95)