

**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 # **M18132** (4)  
1. Corporation Name  
**ALPHA FURNITURE, INC.**



Principal Place of Business: **395 E 10TH AVE HIALEAH FL 33010**  
Mailing Address: **395 E 10TH AVE HIALEAH FL 33010**

3. Date Incorporated or Qualified: **07/17/1985**  
3a. Date of Last Report: **05/01/1995**

|   |   |  |  |
|---|---|--|--|
| 21. Principal Place of Business<br><b>1150 WEST 23 STREET</b> | 2a. Mailing Address<br><b>1150 WEST 23 STREET</b> | 4. FEI Number<br><b>59-2570486</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc.                                       | 27. Suite, Apt. #, etc.                           | 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                  |
| 23. City & State<br><b>HIALEAH, FL.</b>                       | 28. City & State<br><b>HIALEAH, FL.</b>           | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                     |
| 24. Zip<br><b>33010</b>                                       | 25. Country<br><b>DADE</b>                        | 29. Zip<br><b>33010</b>  | 30. Country<br><b>DADE</b>                             |

|  |                            |  |                 |
|--|----------------------------|--|-----------------|
| 9. Name and Address of Current Registered Agent<br><b>RAMIREZ, OSCAR M.<br/>395 E 10 AVENUE<br/>HIALEAH FL 33010</b> |                            | 10. Name and Address of New Registered Agent |                 |
| 81. Name   | <b>RAMIREZ, OSCAR M.</b>   |  |                 |
| 82. Street Address (P.O. Box Number is Not Acceptable)   | <b>1150 WEST 23 STREET</b> |  |                 |
| 83.  |                            |  |                 |
| 84. City   | <b>HIALEAH</b>             | 85. Zip Code                                 | <b>FL 33010</b> |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Oscar M. Ramirez* **OSCAR M. RAMIREZ** President **4/29/96**  
Signature typed or printed in block, in full, and in the same line as the signature. (NOTE: Registered Agent signature required when registering.) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PST</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAMIREZ, OSCAR M.</b>                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4811 SW 146 AVE</b>                     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>CDV</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAMIREZ, OSCAR M.</b>                   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>4811 SW 146 AVE</b>                     | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                            | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 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 appointment with an address.

SIGNATURE: *Oscar M. Ramirez* **OSCAR M. RAMIREZ** **4/29/96** **305-885-7197**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Daytime Phone #)

CR2E034 (12/95)