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Mar 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M-41196 (0) NK 8/31/98

1. Corporation Name
D'ANGEL BEDDING CORP.

Principal Place of Business: 2450 W. 78 St. Hialeah, FL 33016
 Mailing Address: 2450 W. 78 Street Hialeah, FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2450 W. 78 St. Hialeah, FL 33016
 2a. Mailing Address: 2450 W. 78 St. Hialeah, FL 33016

3. Date Incorporated or Qualified: ~~9-27-79~~

4. FEI Number: 59-2739695

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
De Antonio, Angel Jr.
 3300 W. 14 Ave.
 Hialeah, FL 33012

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Antonio, Angel Jr.	1.2 NAME	De Antonio, Angel Jr.
STREET ADDRESS	3300 W. 14 Ave.	1.3 STREET ADDRESS	3300 W. 14 Ave.
CITY-ST-ZIP	Hialeah, FL 33012	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Antonio, Maria V.	2.2 NAME	
STREET ADDRESS	3300 W. 14 Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33012	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Nardo F. Perez
STREET ADDRESS		3.3 STREET ADDRESS	2450 W. 78 St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hialeah, FL 33016
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 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, with all other like empowered.

SIGNATURE: Angel De Antonio Jr. 3/18/99 (305) 827-7300
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Angel De Antonio Jr., President

CR2E034 (11/98)