

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M54311** (9)

1. Corporation Name

FURNITURE BY REYES CORPORATION



Principal Place of Business

**3759 NW 79TH STREET
MIAMI FL 33147**

Mailing Address

**3759 NW 79TH STREET
MIAMI FL 33147**

3. Date Incorporated or Qualified

06/23/1987

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2818579

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

2. Principal Place of Business

2a. Mailing Address

21. Subst. Apt. #, etc.

26. Subst. 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

10. Name and Address of New Registered Agent

**REYES, ANDRES
3759 NW 79TH ST
MIAMI FL 33147**

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 of Agent or Registered Agent

Signature of Agent or Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE
D REYES, ANDRES
2. STREET ADDRESS
3880 E. 10TH AVE
3. CITY - ST - ZIP
HIALEAH FL
4. NAME ☐ DELETE
D REYES, ANGELINA
5. STREET ADDRESS
3880 E. 10TH AVE
6. CITY - ST - ZIP
HIALEAH FL
7. NAME ☐ DELETE
8. STREET ADDRESS
9. CITY - ST - ZIP
10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY - ST - ZIP
13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY - ST - ZIP
16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY - ST - ZIP
19. NAME ☐ DELETE
20. STREET ADDRESS
21. CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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)(c), 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 this 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

Daytime Phone #

CR2E034 (12/95)