

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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 29 PM 1:33

DOCUMENT # **M54312 (7)**

1. Corporation Name
FURNITURE BY BENI CORP.

Principal Place of Business Mailing Address

**3505 NW 54TH ST
HALEAH FL 33142** **3505 NW 54TH ST
HALEAH FL 33142**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1987** 3a. Date of Last Report **01/28/1994**

4. FEI Number **59-2818683** 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 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 28 Zip Country 30 Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FONTAN, BENIGNO JR.
9401 SW 4TH ST., APT. 207
MIAMI FL 33174**

81 Name **FONTAN, BENIGNO JR.**

82 Street Address (P.O. Box Number is Not Acceptable) **3230 S.W. 99 AVE.**

83 City **MIAMI, FL** 85 Zip Code **33165-3920**

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 filed if applicable)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FONTAN, BENIGNO JR. 3141 NW 40TH ST. MIAMI FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAN, BENIGNO JR.	1.2 NAME	FONTAN, BENIGNO JR.
STREET ADDRESS	3141 NW 40TH ST.	1.3 STREET ADDRESS	3230 S.W. 99AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33165-3920
TITLE	VD FONTAN, LUCIA NIDIA 3141 NW 40TH ST. MIAMI FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAN, LUCIA NIDIA	2.2 NAME	FONTAN, LUCIA NIDIA
STREET ADDRESS	3141 NW 40TH ST.	2.3 STREET ADDRESS	3230 S.W. 99 AVEN.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33165-3920
TITLE	STD FONTAN, BENIGNO SR. 3141 NW 40TH ST. MIAMI FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAN, BENIGNO SR.	3.2 NAME	FONTAN, BENIGNO SR.
STREET ADDRESS	3141 NW 40TH ST.	3.3 STREET ADDRESS	1855 W. 62 ST. apt.#108
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE		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		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		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 110.07(3)(b), 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, the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on a block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BENIGNO OFFICER OR DIRECTOR

BENIGNO FONTAN 1/16/95 305-638-3477