

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M59688 (5)  
1. Corporation Name  
CARMEN FURNITURE WAREHOUSE, INC.

Principal Place of Business Mailing Address  
4155 NW 135TH STREET BAY 4  
OPALOCKA FL 33054-1632 4155 NW 135TH STREET BAY 4  
OPALOCKA FL 33054



3. Date Incorporated or Qualified 09/23/1987 3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address  
21 4121 NW 135 ST 26 4121 NW 135 ST.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 OPALOCKA FLA 28 OPALOCKA FLA.  
Zip Country Zip Country  
24 33054 25 33054 29 33054 30 DADE

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

9. Name and Address of Current Registered Agent

B SIGARRETTA  
10916 NW 7TH ST #504  
S-206  
MIAMI FL 33172

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|--------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE                      | P                  | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | GOMEZ, NELSON      |                                 |  | 1.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 4129 WEST 8TH AVE. |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY - ST - ZIP            | HIALEAH FL         |                                 |  | 1.4 CITY - ST - ZIP                                   |                                 |                                   |  |
| TITLE                      | S                  | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | GOMEZ, CARMEN      |                                 |  | 2.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 4129 WEST 8TH AVE. |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY - ST - ZIP            | HIALEAH FL         |                                 |  | 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 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0517823

CR2E034 (9/96)