

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000028732 (4)**

1. Corporation Name

**ALBERTO UPHOLSTERY AND DECORATING CENTER, INC.**



Principal Place of Business

Mailing Address

3255 NW 7 ST.  
MIAMI FL 33125

3255 NW 7 ST.  
MIAMI FL 33125

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

**QUINTANA, ALBERTO V  
3255 NW 7 ST  
MIAMI FL 33125**

3. Date Incorporated or Qualified

**04/14/1993**

3a. Date of Last Report

**01/19/1995**

4. FEI Number

**65-0407598**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1504, 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 607.0095, Florida Statutes.

SIGNATURE

Signature of the person signing this statement

Signature of the person signing this statement

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE

**D**

DELETE

12.2 NAME

**QUINTANA, ALBERTO V  
3255 NW 7 ST  
MIAMI FL 33125**

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

12.5 TITLE

**D**

DELETE

12.6 NAME

**MORALES, FABIA L  
3255 NW 7 ST  
MIAMI FL 33125**

12.7 STREET ADDRESS

12.8 CITY-STATE-ZIP

12.9 TITLE

DELETE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

12.13 TITLE

DELETE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY-STATE-ZIP

12.17 TITLE

DELETE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY-STATE-ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form was 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 supplied on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 voluntarily furnished with an address.

SIGNATURE:

*Alberto Quintana*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

CR2E034 (12/95)