

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
1000 Capitol Mall, Suite 100
Tallahassee, FL 32304-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:46

DOCUMENT # P93000078992 (3)

ALACAN BEDDING AND FURNITURE, INC.

Principal Office Address		Mailing Address	
1510 ALTIM RD MIAMI FL 33139		3701 ROYAL PALM MIAMI FL 33140	
2. Principal Office Telephone	2a. Mailing Address	3. Date of Organization or Qualification	3a. Date of Last Report
21	26	11/10/1993	04/26/1994
22. State of Principal Office	27. State of Mailing Address	4. Filing Fee	Applied For / Not Applicable
22	27	65-0488033	
23. City & County	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
24. Filing Office	29. Filing Office	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29		
7. This Corporation has liability for delinquency fee under 1993 F.S. 218.007, Florida Statutes.		8. This Corporation has liability for delinquency fee under 1993 F.S. 218.007, Florida Statutes.	
Yes ☐ No ☒		Yes ☐ No ☒	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALACAN, ISAIAS / 3701 ROYAL PALM AVENUE MIAMI BEACH FL 33140		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City	
		FL 85. Zip Code	

11. The undersigned, being a resident of this State, and not being the Secretary of the Corporation, hereby certifies that the information furnished in this report is true and correct, and that the undersigned is a resident of this State.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: D ALACAN, ISAIAS 3701 ROYAL PALM MIAMI BEACH FL 33140		1. NAME 2. STREET ADDRESS 3. CITY & STATE	
NAME: D MARTA ALACON- ALACAN 3701 ROYAL PALM MIAMI BCH FL 33140		4. NAME 5. STREET ADDRESS 6. CITY & STATE	
		7. NAME 8. STREET ADDRESS 9. CITY & STATE	
		10. NAME 11. STREET ADDRESS 12. CITY & STATE	
		13. NAME 14. STREET ADDRESS 15. CITY & STATE	
		16. NAME 17. STREET ADDRESS 18. CITY & STATE	
		19. NAME 20. STREET ADDRESS 21. CITY & STATE	
		22. NAME 23. STREET ADDRESS 24. CITY & STATE	
		25. NAME 26. STREET ADDRESS 27. CITY & STATE	
		28. NAME 29. STREET ADDRESS 30. CITY & STATE	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the undersigned is a resident of this State.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 6732793