

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

APPROVED AND FILED

1995 MAY -1 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000022405
1. Corporation Name

HARRERO UPHOLSTERY INC

Principal Place of Business Mailing Address
9810 NW 80th AVE DAY 70 9810 NW 80th AVE DAY 70
HIALEAH GARDENS FL 33016 HIALEAH G. FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc	26	Suite, Apt #, etc	03/21/1994	
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Zip	65-0495341	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				B. This corporation has liability for intangible tax under S. 199.032.	
				Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALBERTO HARRERO 9810 NW 80th AVE. DAY 70 HIALEAH GARDENS FL 33016				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable _____ (if 31) Registered Agent signature required when registering _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6000019028405 -05/18/95--01003--024 ****200.00 ****200.00			
NAME	ALBERTO HARRERO	1.2 NAME					
STREET ADDRESS	17924 NW 78th	1.3 STREET ADDRESS		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY ST ZIP	MIAMI FL 33015	1.4 CITY ST ZIP		2.2 NAME			
TITLE		2.3 STREET ADDRESS		2.3 STREET ADDRESS			
NAME		2.4 CITY ST ZIP		2.4 CITY ST ZIP			
STREET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE			
CITY ST ZIP		3.2 NAME		3.2 NAME			
TITLE		3.3 STREET ADDRESS		3.3 STREET ADDRESS			
NAME		3.4 CITY ST ZIP		3.4 CITY ST ZIP			
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE			
CITY ST ZIP		4.2 NAME		4.2 NAME			
TITLE		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
NAME		4.4 CITY ST ZIP		4.4 CITY ST ZIP			
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE			
CITY ST ZIP		5.2 NAME		5.2 NAME			
TITLE		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
NAME		5.4 CITY ST ZIP		5.4 CITY ST ZIP			
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE			
CITY ST ZIP		6.2 NAME		6.2 NAME			
TITLE		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
NAME		6.4 CITY ST ZIP		6.4 CITY ST ZIP			
STREET ADDRESS							
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)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alberto Harrero 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Here)