

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000074535 (3)**

1. Corporation Name

ALFREDO GIROUD FURNISHINGS, INC.



Principal Place of Business

2103 LEJEUNE RD
CORAL GABLES FL 33134
US

Mailing Address

2103 LEJEUNE RD
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
10/11/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 6917 N.W 77th Ave
Suite, Apt #, etc

2a. Mailing Address
26 6917 N.W 77th Ave
Suite, Apt #, etc

4. FEI Number
65-0570828

Applied For
Not Applicable

22 City & State
23 MIAMI FL

27 City & State
28 MIAMI FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust: Fund Contribution \$5.00 May Be Added to Fees

24 33166 25 U.S.A

29 33166 30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GIROUD, BIENVENIDO L
2103 LEJEUNE RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: **GIROUD, Bienvenido L**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **6917 N.W 77th Ave**
84 City: **MIAMI** FL 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

Date: **6-24-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIROUD, BIENVENIDO L	
STREET ADDRESS	2103 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUERO, LUISA	
STREET ADDRESS	2103 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GIROUD, Bienvenido L	
13 STREET ADDRESS	6917 N.W 77th Ave	
14 CITY-ST-ZIP	MIAMI FL 33166	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DUERO, LUISA	
23 STREET ADDRESS	6917 N.W 77th Ave	
24 CITY-ST-ZIP	MIAMI FL 33166	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96

DATE

DATE

CR2E034 (12/95)