

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

**FILED**

**Mar 19 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 # P94000091538 (6)**

1. Corporation Name  
**ABDEN FURNITURE CORPORATION**



Principal Place of Business

~~228 W 29 ST~~  
~~UNIT 601B~~  
~~HALEAH FL 33012~~

Mailing Address

**228 W 29 ST**  
**UNIT 601B**  
**HALEAH FL 33012-5706**

2. Principal Place of Business

21 **228 W. 29<sup>th</sup> Street**

22 **Suite 3-61B**

23 **Hialeah FL**

24 **33012**

2a. Mailing Address

26 **228 W. 29<sup>th</sup> Street**

27 **Suite 3-61B**

28 **Hialeah FL**

29 **33012-5706**

3. Date Incorporated or Qualified  
**12/19/1994**

3a. Date of Last Report  
**04/16/1996**

4. FEI Number  
**65-0541118**

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

9. Name and Address of Current Registered Agent

**PEDRO M ESCANDELL**  
**228 W 29TH ST**  
**SUITE 601**  
**HALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **MARICEIA ESCANDELL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2510 W. 56<sup>th</sup> STREET**  
83  
84 City **Hialeah** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 607.0509 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, the undersigned, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

**MARICEIA ESCANDELL**

Signature of the person making the change (if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

11 TITLE	<del>VP</del>	<input type="checkbox"/> DELETE
12 NAME	<b>ESCANDELL, PEDRO</b>	
13 STREET ADDRESS	<del>228 W 29TH ST</del>	
14 CITY - ST - ZIP	<del>HALEAH FL</del>	
15 TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
21 NAME	<b>ESCANDELL, MARICEIA</b>	
22 STREET ADDRESS	<b>228 20TH ST</b>	
23 CITY - ST - ZIP	<b>HALEAH FL</b>	
24 TITLE	<del>SECRETARY</del>	<input type="checkbox"/> DELETE
25 NAME	<del>MARICEIA ESCANDELL</del>	
26 STREET ADDRESS		
27 CITY - ST - ZIP		
28 TITLE		<input type="checkbox"/> DELETE
29 NAME		
30 STREET ADDRESS		
31 CITY - ST - ZIP		
32 TITLE		<input type="checkbox"/> DELETE
33 NAME		
34 STREET ADDRESS		
35 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>JOSE M ESCANDELL</b>	
13 STREET ADDRESS	<b>3730 W. 6<sup>th</sup> AVENUE</b>	
14 CITY - ST - ZIP	<b>HALEAH FL 33012</b>	
21 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>MARICEIA ESCANDELL</b>	
23 STREET ADDRESS	<b>2510 W. 56<sup>th</sup> STREET</b>	
24 CITY - ST - ZIP	<b>HALEAH FL 33016</b>	
31 TITLE	<b>SECRETARY - TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>MARCEIAS ESCANDELL</b>	
33 STREET ADDRESS	<b>3730 W. 6<sup>th</sup> AVENUE</b>	
34 CITY - ST - ZIP	<b>HALEAH FL 33012</b>	
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 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:

*M Escandell*

**MARICEIA ESCANDELL** 3/16/97 305-8821585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

0118039

CR2E034 (9/96)