

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 *amended* APPROVED AND FILED

98 NOV 23 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mcrham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P94000091538 (6)
 1. Corporation Name
ABDEN FURNITURE CORPORATION

Principal Place of Business Mailing Address
228 W 29 STREET HIALEAH FLORIDA 33012 **228 WEST 29 STREET Hialeah FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/94
 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
 * This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, 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
ESCANDELL MARISELA
2510 W 56 Street
Hialeah Florida 33015

10. Name and Address of New Registered Agent
 81 Name **ESCANDELL JOSE**
 82 Street Address (P.O. Box Number is Not Acceptable) **3730 W 6th Ave**
 83 **Hialeah Florida 33012**
 84 City **FL** 85 Zip Code

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]* **President** DATE **10/20/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP D <input type="checkbox"/> DELETE
NAME	Escandell Jose
STREET ADDRESS	3730 W 6th Ave-Hialeah FL
CITY-ST-ZIP	33012
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	Escandell Marciela
STREET ADDRESS	2510 W 56 Street
CITY-ST-ZIP	Hialeah FL 33012
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

1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Escandell Jose
1.3 STREET ADDRESS	3730 W 6th Ave - Hialeah FL
1.4 CITY-ST-ZIP	33012
2.1 TITLE	VPS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Escandell Mercedes
2.3 STREET ADDRESS	3730 W 6th AVE
2.4 CITY-ST-ZIP	Hialeah FL 33012
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002706368--G
3.3 STREET ADDRESS	-12/08/98--01073--004
3.4 CITY-ST-ZIP	*****\$1.25 *****\$1.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]*

CR2E034 (10/97)