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Profit Corporation Annual Report

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 27 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000027047 (6)

10TH AVENUE FURNITURE, INC.

Mading Address Principal Place of Business 1065-65 E. 16TH STREET 1055-65 E. 16TH STREET HIALEAH FL 33010 HIALEAH FL 33010-3315 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1995 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0569914 Not Applicable 26 Suite Apt #, etc Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žiα Country Country Ζip 8. This corporation has liability for intergible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GONZALEZ, WILFREDO A 81 Name 1055-65 E. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 City 85 Zip Code 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 Signal is reprinted from other regularized and blie if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE ☐ Change Addition TITLE 1.1 DTLE GONZALEZ, WILFREDO A 1.2 NAME CR2E034 NAME 1055-65 E. 16TH STREET 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 1.4 CITY-ST-ZIP CHY - \$1 - 712 DELETE Change Addition TITLE 2.1 TITLE SANTANA, ANGEL 2.2 NAME NAME 1055-65 E. 16TH STREET 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 2. 4 CITY-ST-ZIP CHY-\$1-76\* Addition DELETE Change HILE 3.1 TITLE CAMEJO, OMAR 3.2 NAME NUM 1055-65 E. 16TH STREET **3.3 STREET ADDRESS** SUREEL ADDRESS HIALEAH FL 33010 Q(1Y - \$1 - Ze) 34. CITY-ST-ZIP Change nc-tibbA ... DELETE 4.1 TITLE T1"LE FERNANDEZ, ALEJANDRO NAME 4.2 NAME 1055-65 E. 16TH STREET STREET ADERESS 4.3 STREET ADDRESS HIALEAH FL 33010 4.4 CITY - ST-ZIP OD-81-3P Change DELETE Addition TELE 5.1 TITLE NAME 5.2 NAME \$18FE | ALICHESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 047 - St. 7e1 DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET FADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST ZE 14. I do hereful certily that the information supplied with this filling 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 of supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the compination true occeiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name