

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000057883 (7)
 1. Corporation Name

M & G MI CASA FURNITURE, INC.



Principal Place of Business: 2234 SW 8TH STREET MIAMI FL 33135
 Mailing Address: 2234 SW 8TH STREET MIAMI FL 33135

3. Date Incorporated or Qualified: 07/25/1995
 3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 65-0611987
 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
 7. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes (checked) No

9. Name and Address of Current Registered Agent
 MORALES, FELIX
 2234 SW 8TH STREET
 MIAMI FL 33135

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: FL

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. (NOTE: Registered Agent's signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | PO | <input type="checkbox"/> DELETE |
| NAME | MORALES, FELIX | |
| STREET ADDRESS | 1931 SW 82ND PLACE | |
| CITY - ST - ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GARCIA, CARMELO | |
| STREET ADDRESS | 1740 SW 85TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MORALES, NELIDA M | |
| STREET ADDRESS | 1931 SW 82ND PLACE | |
| CITY - ST - ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GARCIA, JOSEFA | |
| STREET ADDRESS | 1740 SW 85TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33155 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | 01V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | 01V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | 01S <input checked="" 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 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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/18/96 (305) 541-7989
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)