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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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 33135-4914

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MORALES, FELIX  
2234 SW 8TH STREET  
MIAMI FL 33135

3. Date Incorporated or Qualified  
07/25/1995

3a. Date of Last Report  
06/24/1996

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

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORALES, FELIX  
STREET ADDRESS 1831 SW 82ND PLACE  
CITY - ST - ZIP MIAMI FL 33155

TITLE DV  
NAME GARCIA, CARMELO  
STREET ADDRESS 1740 SW 85TH AVENUE  
CITY - ST - ZIP MIAMI FL

TITLE DT  
NAME MORALES, NELIDA M  
STREET ADDRESS 1831 SW 82ND PLACE  
CITY - ST - ZIP MIAMI FL

TITLE DS  
NAME GARCIA, JOSEFA  
STREET ADDRESS 1740 SW 85TH AVENUE  
CITY - ST - ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME

6.2 STREET ADDRESS

6.3 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-97

205-844-7789

CR2E034 (9/96)