


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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <del>496000008749</del> 1. Corporation Name: <b>P956000 79381</b> <b>DE ART'S FURNITURE, INC.</b>			
Principal Place of Business <b>257 MIRACLE MILE</b> <b>MIAMI - FL 33134</b>		Mailing Address <b>257 MIRACLE MILE</b> <b>MIAMI - FL 33134</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10-13-1995</b>	3a. Date of Last Report
21	26	4. FEI Number <b>65-0685129</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30
9. Name and Address of Current Registered Agent <b>MANUEL M. ARVESU, ESQ.</b> <b>2000 SOUTH DIXIE HWY. #200</b> <b>MIAMI - FL 33133</b>		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 _____ DATE _____ (Signature of officer, director, or registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALVES, VICTOR MANUEL</b>	1.2 NAME	
STREET ADDRESS	<b>CALLE 10 Ed. J.M. Sotano, LA URBINA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS - VENEZUELA 1070</b>	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE DE ANGELES MENENDEZ, ADELENA</b>	2.2 NAME	
STREET ADDRESS	<b>8430 S.W. 98 St.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL. 33156</b>	2.4 CITY - ST - ZIP	
TITLE	SEC. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE ANGELIS, LEONARDO</b>	3.2 NAME	
STREET ADDRESS	<b>8430 S.W. 98 Street</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL. 33156</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: <b>VICTOR H. GALVES</b>		3-21-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	