

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079381 (6)
 1. Corporation Name
DE ART'S FURNITURE, INC.



Principal Place of Business 257 MIRACLE MILE MIAMI FL 33134	Mailing Address 257 MIRACLE MILE MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0685129	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARVESU, MANUEL M 2000 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33199				B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd Suite 920 B4 City Coral Gables FL B5 Zip Code 33134			

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: *Manuel M. Arvesu* DATE: **4/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GALVIS, VICTOR M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLE 10 ED. J.U. SOTONO, LA URBINA	1.2 NAME	
STREET ADDRESS	CARACAS VN 1070	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/N/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ANGELIS, LEONARDO	2.2 NAME	DE ANGELIS, PASQUALE
STREET ADDRESS	8430 S.W. 98TH ST.	2.3 STREET ADDRESS	8430 S.W. 98 STREET
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	MIAMI - FL 33156
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE DE ANGELIS, MENEND, ADELINA	3.2 NAME	DE DE ANGELIS, MENEND, ADELINA
STREET ADDRESS	8430 S.W. 98TH ST.	3.3 STREET ADDRESS	8430 S.W. 98 STREET
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	MIAMI - FL 33156
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 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: *Manuel M. Arvesu* **Manuel M. Arvesu** **2-23-98** **1200** **774.1870**

CR2E034 (10/97)