FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # **P95000094712 (3)**

1. Corporation Name
ASPREE FURNISHINGS INC.

Principal Place of Business
14539 MEMORIAL HWY.
MIAMI FL 33161

Mailing Address
14539 MEMORIAL HWY.
MIAMI FL 33161

3. Date Incorporated or Qualified: **12/11/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 800 NW 166 ST
Suite, Apt. #, etc.
22 MIAMI
City & State
23 FL.
Zip 24 33169 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0630723 [ ] 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

9. Name and Address of Current Registered Agent
LAUFER, STEVE A
14539 MEMORIAL HWY.
MIAMI FL 33161

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 the capacity in which he is signing. NOTE: Registered Agent signature is required for name or address change. DATE

12. OFFICERS AND DIRECTORS

TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT [ ] Change [✓] Addition
1.2 NAME	JOHN D BERGOREN
1.3 STREET ADDRESS	555 NE 15TH ST #2806.
1.4 CITY-ST-ZIP	MIAMI FL 33132.
2.1 TITLE	VICE-PRES [ ] Change [✓] Addition
2.2 NAME	STEVE LAUFFER.
2.3 STREET ADDRESS	14539 MEMORIAL HWAY.
2.4 CITY-ST-ZIP	MIAMI FL 33161
3.1 TITLE	VICE-PRES [ ] Change [✓] Addition
3.2 NAME	RICK PORTELLA
3.3 STREET ADDRESS	130 NW 105TH TERRACE 306
3.4 CITY-ST-ZIP	PEMBROKE PINES. FL. 33026
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: P PORTELLA 02/10/96 305-620-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #