

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 DEC 21 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA6000002604  
1. Corporation Name  
GENERAL UPHOLSTERY & ANTIQUE CORP.

Principal Place of Business <u>4211 SW 75 AVE</u> <u>MIAMI, FL 33155</u>	Mailing Address <u>4211 SW 75 AVE</u> <u>MIAMI FL 33155</u>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>01-09-96</u>	4. FEI Number <u>65-0626870</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <u>4211 SW 75 AVE</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>"SAME"</u> Suite, Apt. #, etc.
22 City & State 23 <u>MIAMI FLORIDA</u>	27 City & State
24 Zip <u>33155</u> Country	28 Zip Country

9. Name and Address of Current Registered Agent

REGINO DELGADO  
2720 SW 29 COURT  
MIAMI FLORIDA 33133

10. Name and Address of New Registered Agent

81 Name <u>N/A</u>	85 Zip Code <u>FL</u>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 V.D DATE 12/15/98  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PD</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>RAFAEL QUINTERO</u>	1.2 NAME	<u>400002724244--1</u>
STREET ADDRESS	<u>2720 SW 29 COURT</u>	1.3 STREET ADDRESS	<u>-12/29/98--01008--009</u>
CITY-ST-ZIP	<u>MIAMI FLORIDA 33133</u>	1.4 CITY-ST-ZIP	<u>*****8.75 *****8.75</u>
TITLE	<u>VD</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>REGINO DELGADO</u>	2.2 NAME	<u>400002724244--1</u>
STREET ADDRESS	<u>2720 SW 29 COURT</u>	2.3 STREET ADDRESS	<u>-12/29/98--01008--010</u>
CITY-ST-ZIP	<u>MIAMI FLORIDA 33133</u>	2.4 CITY-ST-ZIP	<u>*****150.00 *****150.00</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 its 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: x REGINO DELGADO 12/15/98 (305) 261-8949

CR2E034 (5/98)