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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000043838**1. Corporation Name

ALFREDO'S CUSTOM FURNITURE, INC.

Princ	cipal	Plac	e of	Busine
		410	41/01	and it

## **FILED** Feb 08, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address						
•		6421 NE 2ND AVENUE				•		
6421 NE 2ND AVENUE MIAMI FL 33138		MIAMI FL 33138			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					05/16/1996			
	·	2a. Mailing Address			4. FEI Number		Applied For	
2. Principal Pla	ace of Business	<del>-</del>			65-0672424		Not Applicable	
1		Suite, Apt. #, etc.			_		5 Additional	
Suite, Apt. #	f, etc.	<b>├</b> ─ ` ` ` `			5. Certifcate of Status Desired	Fee	Required	
2	<u> </u>	City & State			6. Election Campaign Financing	\$5.0	<b>00</b> May Be	
City & State	• •	28		•	Trust Fund Contribution	Add	ed to Fees	
3	Christia	Zip	Cour	ntry	8. This corporation owes the current	year Intangible	_	
Zip Country		29 30		•	Personal Property Tax.			
4	9. Name and Address of Current	127	<u></u>		10. Name and Address of New Rec	istered Agent		
	a. Name and Addless of Collent	Togratored rigore		81 Name	-			
MARINO, CAROLINA			00 04-14	ress (P.O. Box Number is Not Acceptable)				
MAIN	NE 2ND AVENUE	:i().		82 Street Addre	ess (F.O. BOX Multiper is Not Acceptable	-/ 	الامد دورد بديد ويوانيا	
				83	· · · · · · · · · · · · · · · · · · ·	元 战 控制化		
MAN	AI FL 33138				31. 21. 11. 11.	3, 34, 37, 27, 16,	Zip Code	
•	and the state of t			84 City				
a and a superior state of				have named corn	oration submits this statement for the puon's board of directors. I hereby accept	rpose of changin	g its registered	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	W. 10 10 10 10 10 10 10 10 10 10 10 10 10	Registered	Agent signature require	ADDITIONS/CHANGES TO OFFI			
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	MARINO, CAROLINA		1.2 N	AME				
NAME	6421 NE 2ND AVENUE			I				
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		☐ DELETE	1.4 C	ITY-ST-ZIP		☐ Cha	ange Addition	
NAME		☐ DELETE	1.4 C 2.1 TI 2.2 N	ITY-ST-ZIP		☐ Cha	ange Addition	
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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 supplierental 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 fin an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS