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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

05-261-7060

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000066407 (3)

MI CASA TU CASA HOME ACCESSORIES, CORP.

Principal Plac	ce of Business	Mailing Address				I leddiden tid thire bitty detry detry beitt bitte bitte bitte eren gern seet den.			
1661 SW 67TI MAMI FL	H AVE.	1661 SW 67TH AVE. Miami FL 33155-1827							
			•			3. Date Incorporated or Qualified 08/09/1996	3a. £	Date of Last	Report
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		A	applied For
21		26				65-068586	4		lot Applicabl
Suite, Apt	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred Fee Regulred			
2		27			<del></del>				<del></del>
City & Sta	ite		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Col	untry	<del>,</del>	Trust Fund Contribution			***************************************
24	25	29	30	······································		This corporation has liability for Florida Statutes		e tax unger	8. 199,032,
<b>~</b> 1	9, Name and Address of (		30	Γ		10. Name and Address of New Re			
HE	RRERA. ANGELA			81	Name				***************************************
	31 SW 67TH AVE.			82	Stroot A	ddress (P.O. Box Number is Not Acceptal	blo)		
	AMI FL				SHEEL AL	ress (F.O. box number is not Acceptable)			
				83	**********				
				84	City			<b>85</b> Zip	Code
				"	City		FL	_  63  ***	Code
office or agent 1	registered agent, or both, in the	State of Florida, Such change was obligations of, Section 607.0505, F	authorize	ed by	the corpo	orporation submits this statement for the oration's board of directors. I hereby acce	pt the ap	pointment a	s registered
SIGNATURE	Signature, typed or printed name of regis-	erest agent and title if applicable (NC	T£ Registere	ed Age	ent signature re	equired when reinstating)	DATE		
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
THTLE	DP	DELETE			- \	Change		☐ Additio	
NAME	HERRERA, ANGELA 1661 SW 67TH AVE			IAME		•			
STREET ADDRESS	MIAMI FL				ADDRESS				
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STREET ADDRESS	AAAA ANN ATTU ANT		1		ADDRESS				
CITY - ST - ZIP	MIAMI FL				ST-ZIP				
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NAME				AME				<b>*</b>	_
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CITY - ST - ZIP	<u> </u>		5.4 (	OITY-S	ST-ZIP				
TOTLE		☐ DELETE	617	ITLE				Change	Additio
	t.								

6.3 STREET ADDRESS

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 efficer 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