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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066522 (9)

LIVINGROOM EXPRESS INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1998 8:00am Secretary of State



8380 SW 4TH ST. MIAMI FL 33144				8380 SW 4TH ST. Miami Fl 33144								
							-	DO NOT WRIT 3. Date Incorporated or Qualified	E IN THIS	SPACE		7
								08/09/1996				ł
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number		F	Applied For	
21 8315 W. Flagler Street			26					65-0686994		h	Vot Applicable	Į
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		.,	Additional Required	
City & State 23 Miami			28	City & State 28 Miami				Election Campaign Financing Trust Fund Contribution			May Be	
	Zip Country 33144 25 USA			^{7ір} 33144	Country USA		This corporation owes or has p Personal Property Tax due Jun		urren year Ir		ĺ	
9, Name and Address of Current				29 33 1 4 30 USA egistered Agent				10. Name and Address of New Registered Agent				
MO	NTEJO, ROBERTO	JR.				81 Name						1
8380 SW 4TH ST.						82 Street A	Ale	jandro Nunez, Esq. s (P.O. Box Number is Not Accepta 7 Ponce de Leon Bly	hla\			1
MIAMI FL 33144						02 SHEEL P	160	7 Ponce de Leon Bly	id.			ľ
						83						1
1			84 City	Sui	te_101		os 7ir	Code	1			
	* / \						On	al Cables	FI	_ 85 Zip	2121	
11. Pursuant t	lo the provinces of Se	ctions 607.050	2 and 60	07.1508, Florida Stat	utes, t	he above named (corpor	al Gables ation submits this statement for the 's board of directors. I hereby acco	purpose	of changing	its registered	1
office or ri	egisteren agent or bo m familiar viith, an jao	xn, in the State coupt the obliga	of Floric itions of	ta. Such change wa: ', Section 607.0505, I	s autro Florida	onzed by the corp i Statules.	oration	i's board of directors. I hereby acce	ept the ap	pointment a	is registered	
SIGNATURE			Ale	CONCURCE.	آيال	JC7. ESD.		when reinstating)	44 6	23.JG	98	1
	Signature, typed printed na		if and title	if applicable (No	OIL: Heg	pistered Agent signature r	required (16
12.	DP /	OFFICE US AND	DIREC	DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFF	CERS AN	ID DIRECTO Change		٥
TITLE	BENITEZ, OLGA			C) DELEGE						change	Addition	1
NAME OVERSY ADDRESS	8380 SW 4TH S				ŀ	1.2 NAME						Š
STREET ADDRESS	MIAMI FL 33144				- 1	1.3 STREET ADDRESS						Ų
CITY-ST-ZIP TITLE	DV			DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	1
NAME	MONTEJO, ROB	FRTO JR.				2.2 NAME					() // ·	
STREET ADDRESS	8380 SW 4TH S				ı	2.3 STREET ADDRESS						l
CITY-ST-ZIP	MIAMI FL 33144				1	2. 4 CITY-ST-ZIP						ĺ
THILE				DELETE		3.1 TITLE				Change	Addition	1
NAME					Í	32 NAME		•				
STREET ADDRESS						3.3 STREET ADDRESS		ч				
CITY-ST-ZIP						3.4. CITY - ST - 2IP						
TITLE				DELETE		4.1 TITLE				Change	Addition	
NAME					- 1	4. 2 NAME						
STREET ADDRESS					ı	4.3 STREFT ADDRESS						
CITY-ST-ZIP				····		4.4 CITY-S1-ZIP						1
TITLE				DELET É		5.1 TITLE				Change	Addition	
NAME						5.2 NAME						
STREET ADDRESS					1	5.3 STREET ADDRESS						l
CITY-ST-ZIP				DELETE		5.4 CITY-S1-ZIP				Change	Addition	-
TITLE				☐ DELETE		6.1 TITLE				спанде	Addition	
NAME						62 NAME						
STREET ADDRESS						6.3 STREET ADDRESS						
CITY-ST-ZIP						6.4 Crty - St - ZiP						Į

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 chapter 607, or on an attachment with an address.