

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90006 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068826**

1. Corporation Name
RIISING SUN FURNITURE, INC.

Principal Place of Business
**431 WEST 27TH STREET
HIALEAH FL 33010**

Mailing Address
**431 WEST 27TH STREET
HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1996	
21		26		4. FEI Number 65-0689504	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**CRESPO, FIDEL
449 W 27TH ST
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81	Name	Crespo, Fidel
82	Street Address (P.O. Box Number is Not Acceptable)	431 W 27th St.
83		
84	City	Hialeah, FL
85	Zip Code	33010

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, SANDRA	1.2 NAME	Crespo, Sandra.
STREET ADDRESS	449 W 27TH ST	1.3 STREET ADDRESS	431 W 27th St.
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	PVD <input type="checkbox"/> DELETE	2.1 TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, FIDEL	2.2 NAME	Crespo, Fidel
STREET ADDRESS	449 W 27TH ST	2.3 STREET ADDRESS	431 W 27th St.
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	Hialeah FL 33010
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, FIDEL	3.2 NAME	Crespo, Fidel
STREET ADDRESS	449 WEST 27TH STREET	3.3 STREET ADDRESS	431 W 27th St.
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	Hialeah, FL 33010
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)