## 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 # P96000079187

BENITO'S FURNITURE, INC.

Principal Plac	e of Business	Mailing Address			18211 (8818 1818) 1881 1881 1881 1881
4815 EAST 10	LANE	4815 EAST 10 LANE			
HIALEAH FL 33013		HIALEAH FL 33013			
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 09/24/1996	F
2 Bringing D	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
_ `	lace of Business	26		65-0698018	Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	, =	27		5. Certifcate of Status Desired	Fee Required
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr			10. Name and Address of New Registe	red Agent
ANAC	ERILAWYER CHARTERED	SAME AND STORE	81 Name	•	*. •
	ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134				As gathering, the edge of a second
001	THE CABLES I'E 35154	•	83		
			84 City		85 Zip Code
		er a sa start	F 1		
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statute	es, the above-named corr	poration submits this statement for the purpose	e of changing its registered
office or r	registered agent, or both, in the Sta	ite of Florida: Such change was au	uthorized by the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered opointment as registered
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida: Such change was au	uthorized by the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered opointment as registered
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office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS / PSTD TREJOS, JOSE B 4815 EAST 10 LANE	ite of Florida: Such change was au igations of, Section 607.0505, Floringer and title if applicable.  (NOTE: AND DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	on's board of directors. I hereby accept the ap	opointment as registered
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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 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 consolation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP.

305-685-2383

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

A NORTHOU DER LOTTE BERKE BORE DOOR DOOR HOUTE BOOK FORD TOUR LOTTE LOTTE FOR

01-28-1999 90021 046 \*\*\*150.00