## 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 # P96000096649 (4)

FUTON	S & MORE, CORP.		<b>\</b> · /					
Principal Plac	e of Business	Mailing Address				O 19140 GILLI BBILL BBILL BBILL B	BINT NORTH BEIND DINN T	01 <b>0</b>
13812 SW 8TH ST 13812 SW 8TH ST MIAMI FL 33184 MIAMI FL 33184					DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorn	porated or Qualified	THIO OF ACE	· · · · · · · · · · · · · · · · · · ·
					11/27/19			
2. Principal Place of Business 2a. Mailing Address			SS		4. FEI Numbe			applied For
1		26		65-071	6011	<del></del>	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	erlificate of Status Desired S8.75 Additional			
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be			<del></del> _	
3		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zφ	Countr	у	8. This corpor	ation owes or has paid	the current year Ir	ntangible
24	25	29	30		Personal Pr	operty Tax due June 30	). 🔲 Yes	□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and	Address of New Regis	stered Agent	
	NOSO, FRANCISCO J		81	Name $\mathcal{D}_1$	ovoso.	FRANCISC	o J	
424	4245 SW 137 CT				ress (P.O. Box Nun	nber is Not Acceptable)		W. T.
MIA	AMI FL 33175		<u></u>	6526	6 KENDA	LE LAKES		1406
			83	3				
			84	L City A.			85 Zip	Code
	to the provinces of Sections 607.0 registered agoly, or both, in the St im familiar will and accept the of			' <i>n</i> /.	AMI		FL   "   3"	Code 3 1 8 3
SIGNATURE	Signature, typing or printed name of tripistered	AND DIRECTORS	(NOTE: Registered A	gent signature requi		4-28 CHANGES TO OFFICER	DATE	DS IN 12
TITLE	PTD /	DEL			ADDITIONON	CHANGES TO CITTOLI	Change	Addition
NAME	DONOSO, FRANCISCO J		1.2 NAME					
STREET ADDRESS	4245 SW 137 CT			T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-					
TITLE	VSD	☐ DEL		21. til.			Change	Addition
NAME	DONOSO, ALBA M			1				
STREET ADDRESS	4245 SW 137 CT		2.2 NAME 2.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175			· \$1-ZIP				
TITLE		DELETE 3.					Change	☐ Addition
NAME		_	3.2 NAME	- 1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		DEL					☐ Change	Addition
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		DEL!					☐ Chan <b>g</b> e	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY-ST-ZIP			54 CITY-	SI - ZIP				
TITLE		☐ D£L			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREE	I ADDRESS				

14. Thereby 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 supplimental 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 with a 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 10 an attachment with an address.

SIGNATURE:

uj –

FRANCISCO J. DONOSCO

4.28-98

**FILED** 

May 07 1998 8:00am

Secretary of State

305-551-2220