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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029662 (8)

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98 DEC 18 PM 2: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1/15/08/19	on Name		,	IALLAHASSEE, FLOHIDA
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Principal Plac	ce of Business	Mailing Address		
2775 W 79TI		2775 W 79TH STREET		
BAY 5	in SINCLI	BAY 5		
HIALEAH FL	. 33012	HIALEAH FL 33012		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/02/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FE! Number Applied For
21		26		65-0739605 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intargible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		- ' 	10. Name and Address of New Registered Agent
MONSALVO, ROBERTO L				
6625 ARBOR DRIVE			20 0 11	00000
	IRAMAR FL 33023		82 Street Add	ress (P.O. Box Number is Not Acceptable)
1	11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		83	
ļ			84 City	85 Zip Code
j			1.1	►L '
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
onice or r	registered agent, or both, in the State am familiar with, and accept the oblig	or Florida, Such change was ations of, Section 607.0505, F	aumonzed by the corporational Statutes.	tion's board of directors, a nereby accept the appointment as registered
SIGNATURE			·	
<u> </u>	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	TE. Registered Agent signature requi	red when reinstating) DATE
12.	OFFICERS AND			
		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	D DIRECTORS DELETE	13. 1.1 TITLE	
	PD MONSALVO, ROBERTO L			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD MONSALVO, ROBERTO L 6625 ARBOR STREET		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD MONSALVO, ROBERTO L 6625 ARBOR STREET MIRAMAR FL 33023		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition 80002724088—8 -12/28/98-01142-013
TITLE NAME STREET ADDRESS	PD MONSALVO, ROBERTO L 6625 ARBOR STREET		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONSALVO, ROBERTO L 6625 ARBOR STREET MIRAMAR FL 33023	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition 80002724088—8 -12/28/98-01142-013
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MONSALVO, ROBERTO L 6625 ARBOR STREET MIRAMAR FL 33023 STD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition 80002724088—8 -12/28/98-01142-013
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MONSALVO, ROBERTO L 6625 ARBOR STREET MIRAMAR FL 33023 STD MONSALVO, MARIA	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition 80002724088—8 -12/28/98-01142-013
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I. 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 13 if chapted, or on an attachment with an address.

SIGNATURE:

COLUMNO PER LA RAJO COL

4/14/98 305 8279826

ORZE034 (10/97



NOVEMBER 20, 1998

TO: FLORIDA DEPARIMENT OF STATE DIVISION OF CORPORATIONS ANNUAL REPORTS SECTION

RE: KEVIN'S FURNITURE, INC. # P97000029662 (8)

TO WHOM IT MAY CONCERN,

THE FOLLOWING LETTER IS TO REQUEST THAT YOU PLEASE LOOK INTO

MY ACCOUNT BECAUSE I FILED MY 1998 ANNUAL CORP. REPORT WITH A \$ 150.00

CHECK. I THEN RECEIVED A NOTICE WITH THE CHECK ATTACHED SAYING THAT

A SIGNATURE WAS MISSING. WHEN I SIGNED EVERYTHING CORRECTLY, I SENT

IT BACK AND HAVE NOT RECEIVED WORD AS OF TODAY'S DATE. I RECEIVED A

SECOND NOTICE AND I AM WORRIED THAT THIS WAS NOT HANDLED PROPERLY.

PLEASE CHECK THIS ACCOUNT AND LET ME KNOW IF EVERYTHING IS FINE AND IF

THE ANNUAL REPORT HAS NOT BEEN PAID. I AM ATTACHING A COPY OF MY STUB WHICH

SHOWS THE DATE THAT THIS WAS PAID. IF YOU NEED TO CONTACT ME, PLEASE CALL

AT (305) 887-4185, AND SPEAK TO MR. HECTOR J. HALL, MY ACCOUNTANT.

SINCERELY,

POBERTO L. MONSELVO