, 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 # P97000042514 (4)

CENTURY FURNITURE AND EQUIPMENT, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T SENTINGS AND ENTIL TRAIL DESIGN OF THE PERSON OF THE STATE OF THE ST
2450 SW 137 SUITE 221 MIAMI FL 33		SUITE 221	2450 SW 137TH AVE SUITE 221 MIAMI FL 33175			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
						05/14/1997
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For
21		├ ──¬ ~ ~	26			65-0755096 Not Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.			60.75
22		27	27			5. Certificate of Status Desired Fee Required
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be
23	_	28	28			Trust Fund Contribution Added to Fees
Zip	Country Z-p C		Country	1	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	30		Personal Property Tax due June 30. 🙀 Yes 🔲 No
9. Name and Address of Current Registered Agent 81 N						10. Name and Address of New Registered Agent
rosa d o, leocadia e					Name	
24	00 \$ W 137TH CT				Street Add	dress (P.O. Box Number is Not Acceptable)
MI	AMI FL 33175					
				83		
				84	City	85 Zip Code
						FL
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 Fiorida. 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 Noved or printed name of rouistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	Signature, typied or printed name of registered as OFFICERS At	VD DIRECTORS		13.	зія віднашта тефі	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPVS			1.1 TITLE		Change Addition
NAME	ROSADO, LEOCADIA E	-		1.2 NAME		_ , _
STREET ADDRESS	2450 SW 137TH AVE		1		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP			
TITLE	T			2.1 THTLE		Change Addition
NAME	ROSADO, LEOCADIA E		22 NAME			
STREET ADDRESS	2450 SW 137TH AVE		1 :	2 3 STREET ADDRESS		
CITY-ST-ZIP	A M 1 1 M Mr. A 2 A M M		2. 4 CITY-			
TITLE			3.1 TITLE		Change Addition	
NAME	3		3.2 NAME			
STREET ADDRESS			1 :	3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4 3 STREET	ADDRESS	
CITY-ST-ZIP				4 4 CITY - S	ST-ZIP	
TITLE			DELETE :	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - S	ST-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS	% %		Į.	6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - S		
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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 a large ment with our address.