

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90073 013 \*\*\*150.00

DOCUMENT # P98000022912

1. Corporation Name  
L.B. FURNITURE STORE, INC.

Principal Place of Business  
~~3647 W. FLAGLER STREET~~  
~~MIAMI FL 33135~~

Mailing Address  
~~3647 W. FLAGLER STREET~~  
~~MIAMI FL 33135~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number 65-0510041

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 3645 N.W. 7th. St

2a. Mailing Address  
26 3645 N.W. 7th. St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -----

27 -----

City & State  
23 Miami, Fl.

City & State  
28 Miami, Fl.

Zip 33125-4017 Country USA

Zip 33125-4017 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
ANTUNEZ, Eduardo

82 Street Address (P.O. Box Number is Not Acceptable)  
3645 N.W. 7th. St.

83 -----

84 City Miami, FL 85 Zip Code 33125

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 D ☐ DELETE

NAME ANTUNEZ, EDUARDO

STREET ADDRESS ~~3647 W. FLAGLER STREET~~

CITY-ST-ZIP ~~MIAMI FL 33135~~

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME ANTUNEZ, Eduardo

1.3 STREET ADDRESS 3645 N.W. 7th. St.

1.4 CITY-ST-ZIP Miami, Fl. 33125-4017

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
EDUARDO ANTUNEZ

1. 18.99

Date

(305)642-0540

DayTime Phone #

020100

CR2E034 (11/98)