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PROFIT. **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90026 015 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S25869**

1. Corporation Name

ANTIQUES & MORE, INC.

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Principal Pla	ce of Business	Mailing Address			1+0011010-11011		-1311 BIBIT BIBIT BIB	
7203 SW 48		7203 SW 48 ST.						
MIAMI FL 331	55	MIAMI FL 33155				OO NOT WRITE IN	THIS SPACE	
	• • •				3. Date Incorporated		IIIIO OPAUE	
		•	*		01/17/1991	o Quanteu		1 1
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		1	Applied For
21		26			65-0248554			Vot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Statu	us Desired	\$8.75	Additional
22		27			or cormodic or clare		Fee F	Required
City & Sta	ite .	City & State			6. Election Campaig	- 11		May Be
23	<u> </u>	28			Trust Fund Contri	bution		to Fees
Zip	Country	Zip	Count	ry	8. This corporation of	•		المد عمر المد عمران
24	25	29	30		Personal Property		▼ Yes	图iNo
	9. Name and Address of Current F	tegistered Agent	8	1 Name	10. Name and Addre	ess of New Registe	erea Agent	· · · ·
GU	ERRERO, ALBERTO T.		ا	Hame	* * *4 * * * * * * * * * * * * * * * * *	<u> </u>		1 1 1 1 1 1 1
	0 S.W. 73RD STREET		. 8	2 Street Add	lress (P.O. Box Number is	Not Acceptable)		
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7700 - 1/ 10 /	to the provisions of Sections 607.0502 a	. No. 1. 20 No. 1					FL "	
agent. I a	am familiar with, and accept the obligation	Florida. Such change was a ns of, Section 607.0505, Flo	uthorized b rida Statute	y the corporati	ion's board of directors. I l	nereby accept the a	ippointment as r	egistered
office or agent. I a	am familiar with, and accept the obligation	ns of, Section 607.0505, Flo Ind title if applicable. (NOTE	rida Statute	S.	ed when reinstating)	DAT	E	
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP