

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90151 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S34363

1. Corporation Name
RED TAG FURNITURE DISCOUNT, INC.

Principal Place of Business
982 S.W. 8TH ST.
MIAMI FL 33130-3732

Mailing Address
982 S.W. 8TH ST.
MIAMI FL 33130-3732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/27/1991	
4. FEI Number 65-0243832		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LOPEZ, FRANCISCO 734 SW 24 RD MIAMI FL 33129			10. Name and Address of New Registered Agent 81 Name LOPEZ, MARIA T 82 Street Address (P.O. Box Number is Not Acceptable) 734 SW 24 RD 83 84 City MIAMI FL 85 Zip Code 33129		

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

Maria T. Lopez
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/19/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	LOPEZ, FRANCISCO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT	LOPEZ, MARIA T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS		734 SW 24 RD		1.3 STREET ADDRESS		734 SW 24 RD	
CITY-ST-ZIP		MIAMI FL		1.4 CITY-ST-ZIP		MIAMI, FL 33129	
TITLE	S	LOPEZ, MARIA T.	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	LOPEZ, FRANK P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS		734 SW 24 RD		2.3 STREET ADDRESS		3175 S.W. 176 WAY	
CITY-ST-ZIP		MIAMI FL		2.4 CITY-ST-ZIP		MIRANAR, FL 33029	
TITLE	VP	LOPEZ, FRANK P.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	LOPEZ, ANA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS		8914 SW 5 LN		3.3 STREET ADDRESS		10843 SW 74 ST	
CITY-ST-ZIP		MIAMI FL		3.4 CITY-ST-ZIP		MIAMI, FL 33173	
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	S	LOPEZ, ROSA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS		734 SW 24 RD	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		MIAMI, FL 33129	
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Maria T. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99

Date

305-858-6714

Daytime Phone #

CR2E034 (11/98)