

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:43

DOCUMENT # S78942 (7)

1. Corporation Name

THE BROADWAY N.Y. FURNITURE, INC.

Principal Place of Business

16555 NW 13 AVE
MIAMI FL 33169

Mailing Address

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES FL 33134-5221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/10/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0285260

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**FERNANDEZ, CARLOS L., ESQUIRE
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PSD**
NAME: **RODRIGUEZ, ADA**
STREET ADDRESS: **601 S.W. 13TH AVE., FT MIAMI FL**
CITY - ST - ZIP:

TITLE: **VTD**
NAME: **RODRIGUEZ LAZARO**
STREET ADDRESS: **601 S.W. 13TH AVE., FT MIAMI FL**
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **P.S.D.** Change Addition
1.2 NAME: **RODRIGUEZ LAZAROS**
1.3 STREET ADDRESS: **10250 S.W. 56ST # A203-2**
1.4 CITY - ST - ZIP: **MIAMI, FL 33173**

2.1 TITLE: **V.T.D.** Change Addition
2.2 NAME: **RODRIGUEZ LAZARO**
2.3 STREET ADDRESS: **10250 S.W. 56ST # A203-2**
2.4 CITY - ST - ZIP: **MIAMI, FL 33173**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information disclosed 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 as an attachment with an address.

SIGNATURE:

LAZARO RODRIGUEZ

1/3/95 (JRS) 621-2925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number