

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

0210864

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S97005

1. Corporation Name
ALLAPATAH NEW AND USED FURNITURE, INC.

Principal Place of Business
**1736 N.W. 36 ST.
 MIAMI FL 33142**

Mailing Address
**1736 N.W. 36 ST.
 MIAMI FL 33142**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**MILAN, LUZ
 1736 NW 36 ST.
 MIAMI FL 33142**

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 and name are required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	POTD	[] DELETE
NAME	MILAN, LUZ	
STREET ADDRESS	1736 N.W. 36 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	POTD JOSE R. MILAN	[] Change [] Addition
12 NAME	JOSE R. MILAN	
13 STREET ADDRESS	1736 NW 36 ST	
14 CITY-ST-ZIP	MIAMI FL 33142	
21 TITLE		[] Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CONFIDENTIAL

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1991

4. FFI Number
59-2702090

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

10. Name and Address of New Registered Agent

81 Name **JOSE R. MILAN**

82 Street Address (P.O. Box Number is Not Acceptable)
1736 NW 36 STREET

83

84 City **MIAMI FL** 85 Zip Code **33142**

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 ****158.75 ****158.75

Handwritten initials and date: JB 2-4-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, on or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JOSE R MILAN** 634-4171

CR2E034 (11/98)