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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36217

(0)

Mailing Address

EL AGUILA FURNITURE INC

9500 NW 79TH HIALEAH GARD		9500 NW 79TH AVE BAY 22 HIALEAH GARDENS FL 33016							
						3. Date Incorporated or Qualified 05/11/1992	1	te of Last F)1/1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		A	pplied For
21	·	26				65-0335838 Not Applice			lot Applicabl
Sulte, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional tequired
City & State 23	•	City & State				Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·		
Zip 24	Country 25	Zip 29	Cour 30	ntry		8. This corporation has liability for in Florida Statutes		tax under s	s. 199.032,
g, Name and Address of Current Registered Agent					***************************************	10. Name and Address of New Registered Agent			
3162	ITANA, MERCEDES 2 SW 25TH TERRACE MI FL 33133			В3	Street Addre	ss (P.O. Box Number is Not Acceptab	FL	85 Z ip	Code
office or reagent. I as	egistered agont, or both, in the State in familiar with, and accopt the obliga	of Florida Such change was ations of Section 607.0505, F	authorized Iorida Statu	by tules.	the corporatio	oration submits this statement for the pront of the pront of directors. I hereby accept dwhen reinstalling)	urpose of	changing i	its registered registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 100	LF				Change	Additio
NAME	SANTANA, MERCEDES		1.2 NAI	ME					
STREET ADDRESS	3162 SW 25TH TERRACE		1.3 STF	REET A	DORESS				
CITY-ST-ZIP			1,4 011	1.4 CITY-ST-ZIP					
TITLE	8D	☐ DELETE	2.1 101	LF				Change	Addition Addition
NAME	SANTANA, TOMAS		2.2 NAI	ME	[
STREET ADDRESS	9500 NW 79TH AVE BAY 22		2.3 \$16	REET A	DDRESS	•			
CITY ST. 7IP	HIAI FAH GARDENS FI		2.4.01	IV. CT	710				

14. I do 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 eath; 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 in Changed, or open attachment with an address.

3.1 TITLE 3.2 NAME

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(1 Y - ST - Z(P

4.4 City-St-ZiP

3.4. CITY - ST-ZIP

SIGNATURE:

TITLE --

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

CITY-ST-ZIP

M Sentana

DELETE

DELETE

DELETE

DELETE

4-5-97

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556-9803

Addition

Change

FILED

Apr 18 1997 8:00am

Secretary of State