


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 415301 (1)
 1. Corporation Name
B. R. B. CABINETS, INC.



Principal Place of Business 185 WEST 22ND STREET HIALEAH FL 33010	Mailing Address 185 WEST 22ND STREET HIALEAH FL 33010
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1972	3a. Date of Last Report 11/22/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1430185	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERNARDO MORO 185 WEST 22 STREET HIALEAH FL 33010		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 607.1508 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 required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	P MORO, BERNARDO 6311 SW 20 TERR. MIAMI FL	12 NAME	
	S GARCIA, OMAR 3290 N.W. 13 TERRACE MIAMI FL	13 STREET ADDRESS	
		14 CITY - ST - ZIP	
		21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		62 NAME	
		63 STREET ADDRESS	
		64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernardo Moro *6/6/96* (305) 888-9859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)