

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **614144** (4)

1. Corporation Name
FERNANDEZ CABINETS, INC.



Principal Place of Business: **257 WEST 23 STREET HIALEAH FL 33010**
Mailing Address: **257 WEST 23 STREET HIALEAH FL 33010**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/22/1979	3a. Date of Last Report 03/23/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2092194	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FERNANDEZ, JOSE
257 WEST 23 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	FERNANDEZ, JOSE	12. NAME	
7911 NW 167TH TERR.	MIAMI LAKES FL	13. STREET ADDRESS	
MIAMI LAKES FL		14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	FERNANDEZ, SONIA	21. TITLE	
7911 NW 167TH TERR.	MIAMI LAKES FL	22. NAME	
MIAMI LAKES FL		23. STREET ADDRESS	
VPD	HOYOS, JORGE A.	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
925 NE 130TH ST	NORTH MIAMI FL	31. TITLE	
NORTH MIAMI FL		32. NAME	
SD	SARMIENTO, ADA E.	33. STREET ADDRESS	
10033 NW 129TH TERRACE	HIALEAH GARDENS FL	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41. TITLE	
		42. NAME	
		43. STREET ADDRESS	
		44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51. TITLE	
		52. NAME	
		53. STREET ADDRESS	
		54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61. TITLE	
		62. NAME	
		63. STREET ADDRESS	
		64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on this report is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: _____ DATE: **2-23-96** DAY/TIME/FILING # **305-885-7233**

CR2E034 (12/95)