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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33010-1523
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/22/1979	3a. Date of Last Report 02/27/1996
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 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 _____
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	7911 NW 187TH TERR.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, SONIA	
STREET ADDRESS	7911 NW 187TH TERR.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOYOS, JORGE A.	
STREET ADDRESS	925 NE 130TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SARMIENTO, ADA E.	
STREET ADDRESS	10033 NW 128TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERNANDEZ, JOSE	
1.3 STREET ADDRESS	3805 S.W. 149TH TERR.	
1.4 CITY-ST-ZIP	MIRAMAR, FL 33027	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERNANDEZ, SONIA	
2.3 STREET ADDRESS	3805 S.W. 149TH TERR.	
2.4 CITY-ST-ZIP	MIRAMAR, FL 33027	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOYOS, JORGE A.	
3.3 STREET ADDRESS	2369 S.W. 15 STREET, APT REAR	
3.4 CITY-ST-ZIP	MIAMI, FL 33145	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Jose Fernandez* **Jose Fernandez, President** 1-14-97 (305) 885-7233
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)