

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

FILED

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

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



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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FERNANDEZ, JOSE	1.2 NAME	FERNANDEZ, JOSE
STREET ADDRESS	7911 NW 187TH TERR.	1.3 STREET ADDRESS	3805 S.W. 149TH TERR.
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	TD	2.1 TITLE	TD
NAME	FERNANDEZ, SONIA	2.2 NAME	FERNANDEZ, SONIA
STREET ADDRESS	7911 NW 187TH TERR.	2.3 STREET ADDRESS	3805 S.W. 149TH TERR.
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VPD	3.1 TITLE	VPD
NAME	HOYOS, JORGE A.	3.2 NAME	HOYOS, JORGE A.
STREET ADDRESS	925 NE 130TH ST	3.3 STREET ADDRESS	2369 S.W. 15 STREET, APT REAR
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD	4.1 TITLE	
NAME	SARMIENTO, ADA E.	4.2 NAME	
STREET ADDRESS	10033 NW 129TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, President 1-14-97 (305) 885-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0114820

CR2E034 (9/96)