FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # 331917 (5)

1. Corporate Name
CRAFTSMAN PANEL CORPORATION

Principal Place of Business	Mailing Address
9805 N.W. 79TH AVE #29 HIALEAH FL 33016	9805 N.W. 79TH AVE #29 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1968
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1278998 — Applied For / Not Applicable
Suite, Apt. # — 22
Suite, Apt. # — 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip — 24 — County — 25
Zip — 29 — County — 30
8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKILLOP JR, ROY,
9636 N.E. 5TH AVENUE ROAD
MIAMI SHORES FL 33138

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 Section 607.1905 and 617.1905, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 607.325, Florida Statutes.

(If NAME)

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title	PD	☐ Change ☐ Addition
Name	MCKILLOP JR., ROY	
Street Address	9636 N.E. 5TH AVE. RD.	
City-State-Zip	MIAMI SHORES FL	
Title	D	☐ Change ☐ Addition
Name	WOODWARD, RAY	
Street Address	5001 S.W. 172ND AVE.	
City-State-Zip	FT. LAUDERDALE FL	
Title	S	☐ Change ☐ Addition
Name	MCKILLOP, LINDA	
Street Address	9636 N.E. 5TH AVE. RD.	
City-State-Zip	MIAMI SHORES FL	
Title	D	☐ Change ☐ Addition
Name	MCKILLOP, LINDA	
Street Address	9636 N.E. 5TH AVE. RD.	
City-State-Zip	MIAMI SHORES FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I/We hereby certify that the information supplied with this report, including any attached additional reports, 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 above with an asterisk.

SIGNATURE: Roy McKillop Jr. Roy McKillop Sr. 5/19/95 305 5577227
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Daytime Phone #

000501 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 339109 (1)

1. Corporate Name

REPAIRS BY VICTOR INC

Principal Place of Business: 1254 NW 29TH STREET, MIAMI FL 33142

Mailing Address: 1254 NW 29TH STREET, MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1968

3a. Date of Last Report: 04/08/1994

4. FEI Number: 59-1287445 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business / 2a. Mailing Address

21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VICTOR, ELIAS 801 NE 81 STREET MIAMI FL 33138	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VICTOR, ELIAS	1.2 NAME	
STREET ADDRESS	801 NE 81 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Elias Victor PRESIDENT ELIAS VICTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0161339 CP