FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **467089** **(9)**

1. Corporation Name

MORALMAR KITCHEN CABINETS, INC.

Principal Place of Business	Mailing Address
3130 W 15TH AVE HIALEAH FL 33012	3130 W 15TH AVE HIALEAH FL 33012

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 / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified: **01/03/1975**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-1566638** ☐ Applied For ☐ Not Applicable

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

MORENO,EDUARDO
3130 W 15TH AVE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: BLECHER NOELIA E.
82 Street Address (P.O. Box Number is Not Acceptable): 3130 WEST 15th AVE
83
84 City: HIALEAH FL 85 Zip Code: 33012

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. Substantial 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: X Noelia E. Blecher DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MORENO,EDUARDO		12 NAME		
STREET ADDRESS	3130 W 15TH AVE		13 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BAEZ, ANDRES		22 NAME		
STREET ADDRESS	3130 W 15TH AVE		23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MORENO, NOELIA		32 NAME		
STREET ADDRESS	3130 W 15TH AVE		33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		34 CITY-ST-ZIP		
TITLE	T/D	☐ DELETE	41 TITLE	T/D	☐ Change ☒ Addition
NAME			42 NAME	BLECHER, NOELIA E.	
STREET ADDRESS			43 STREET ADDRESS	3130 W 15th AVE	
CITY-ST-ZIP			44 CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report 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 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 added to the report with an address.

SIGNATURE: X [signature] 3/18/96 305-556-1520

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