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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 467089**

1. Corporat	ion Name	•						
MORAL	MAR KITCHEN CABINETS	. INC.						
		,				CANNEL RIPIN NAME (NO.) NO. PA (NO.)	MANAGERIA	de Bellen Brank kaar
Principal Place of Business Mailing Address								ik okoki olalik idok
3130 W 15TH AVE 3130 W 15TH AVE								
HIALEAH FL 33012 HIALEAH FL 33012								
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						01/03/1975		
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26		_		59-1566638		Not Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	' - '	Additional
22							Fee F	Required
						6. Election Campaign Financing		0 May Be
Zip	Country		Country	_		Trust Fund Contribution		d to Fees
24	25		<u> </u>	,		8. This corporation owes the current year I		
24	9. Name and Address of Curi	29 rent Registered Agent	30			Personal Property Tax.	Yes	□No
	o. Hallo dila Addicas of Out	rent registered Agent	81	Т	Name	10. Name and Address of New Registere	a Agent	A. 12
BLE	echer, noelia e.			L				
3130 WEST 15TH AVENUE				82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33012			83	+				
			84	Г	City	F	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.0	502 and 607 1508 Florida Statut	es the above		named corne	pration submits this statement for the purpose	L	o registered
onice or	registered agent, or both, in the Sta	ite of Florida. Such change was a	lithorized by	th.	e corporation	n's board of directors. I hereby accept the app	ointment as r	egistered
	am familiar with, and accept the obli	gations of, Section 607.0505, Fig	nda Statutes	.				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered Agen	nt si	ignature required	when reinstating) DATE		
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		3	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	
NAME	MORENO,EDUARDO		1.2 NAME					
STREET ADDRESS	3130 W 15TH AVE		1.3 STREET	TAD	DDRESS			
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-S1	t-z	ZIP			
TITLE	VD DELETE		2.1 TITLE				☐ Change	☐ Addition
NAME	BAEZ, ANDRES		2.2 NAME					
STREET ADDRESS	3130 W 15TH AVE		2.3 STREET	ΓAD	DDRESS			
CITY-ST-ZIP	HIALEAH FL	IALEAH FL 2.40		T- Z	ZIP			
TITLE	SD				-	-	☐ Change	☐ Addition
NAME	MORENO, NOELIA		3.2 NAME				_,	_
STREET ADDRESS	3130 W 15TH AVE		3.3 STREE		ODRESS			
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-ST-ZIP		ZIP			ļ
TITLE	TD	☐ DELETE	4.1 TITLE			To the state of th	Change	Addition
NAME	BLECHER, NOELIA E		4. 2 NAME		ĺ			
STREET ADDRESS	3130 W 15TH AVE		4.3 STREET	AD	ODRESS			ĺ
CITY-ST-ZIP	LIM CALL EL 20040		4.4 CITY-ST	4.4 CITY-SY-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME			·		
STREET ADDRESS			5.3 STREET	AD	ORESS			
CITY-ST-ZIP			5.4 CITY-ST	- ZI	IP .			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NIABAT	i .		CONME		I			;

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

URBAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90116 013 ***150.00