

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 # 563931 (5)

1. Corporation Name

Queen Cabinets, Inc.

Principal Place of Business

**4532 S.W. 74 Ave.
Miami, Fl. 33155
US**

Mailing Address

**1647 S.W. 27th Ave.
Miami, Fl. 33145**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25. Mailing Address

26 **2655 Lejeune Road**

27 Suite, Apt. #, etc.

807

28 City & State

29 **Coral Gables, Fl.**

30 Zip

31 Country

33134

USA

9. Name and Address of Current Registered Agent

Agudo, Marcelo M. (Esquire)

**1647 S.W. 27th Avenue
Miami, Florida 33145**

3. Date Incorporated or Qualified

04/10/1978

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1818076

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

10. Name and Address of New Registered Agent

81 Name

Lester G. Kates

82 Street Address (P.O. Box Number is Not Acceptable)

2655 Lejeune Road

83

suite # 807

84 City

Coral Gables,

FL

85 Zip Code

33134

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 607.0705, Florida Statutes.

SIGNATURE

Lester G. Kates

(Print Name of Registered Agent Signature Required When Resigning)

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD**
STREET ADDRESS **RAVELO, OSCAR J.**
CITY-ST-ZIP **4532 S.W. 74 Avenue**
Miami, Fl

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **Ravelo, Oscar J.**
CITY-ST-ZIP **4532 S.W. 74 Ave.**
Miami, Fl.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001822589
-05/15/96--01055--021

*****200.00**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar J. Ravelo

4/20/96

DATE

267-5966

TELEPHONE

CR2E034 (12/95)