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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 641959

1. Corporation Name

**TROPICAL KITCHEN CABINETS, INC.
276 West 24th ST.
HIALEAH, FL. 33010-1526**

Principal Place of Business

Mailing Address

**276 W. 24th ST.
Hialeah, FL. 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-1954721

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23

28

Zip

Country

Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name **Ramiro Gonzalez Jr.**

82

Street Address (P.O. Box Number is Not Acceptable)
5880 W. 3rd LANE

83

HIALEAH, FL. 33012

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. 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 *Ramiro Gonzalez Jr.*

7/18/95

12. **Ramiro Gonzalez Jr.**
OFFICERS AND DIRECTORS

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE

President, Secretary, Dir.

NAME

Ramiro Gonzalez Jr.

STREET ADDRESS

5880 W. 3rd LANE

CITY, ST, ZIP

HIALEAH, FL. 33012

TITLE

TREASURER, DIRECTOR, V-PRESIDENT

NAME

JORGE L. GONZALEZ

STREET ADDRESS

16730 N.W. 81 AVE.

CITY, ST, ZIP

MIAMI, FL. 33016

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

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33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

☐ Change ☐ Addition

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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 110.07(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: *Jorge L. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Jorge L. Gonzalez, Officer

7/18/95

(305) 885-5282

Date

Telephone Number