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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998			III.	DIVISION OF CORPORATIONS					50010	j		\sim	
DOCUMENT # F54180 (7) 1. Corporation Name CARY'S KITCHEN CABINETS INC.										1 1 111 111 11 111 111 1			i Bibli ibbi
		 ,											
Principal Place 2795 W 78 S HIALEAH FL	ST.	s	2795	Mailing Address 2795 W 78 ST. HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE					
								3	Date Incorporated or Qua 11/13/1981	ified			
2. Principal Pl	lace of Busi	ness	2a. Mai	2a. Mailing Address				4	I, FEI Number			Apr	plied For
21			26	26					59-2172446			-	Applicable
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				5	5. Certificate of Status Desire	ed 🗆		. 75 A	dditional quired
City & State	6		City 28									May Be o Fees	
Zip		Country	Zip		Cou	ntry		8	. This corporation owes or I	as paid the	_ ′		
24	- 14	25 29 30 9. Name and Address of Current Registered Agent									Yes		No No
ME		·	ent Hegistered	Agent		81	Name). Name and Address of N	W Hegistere	d Agent		
MERIDA, HIGINIO 2795 W. 78 ST.						82							
HIALEAH FL 33016							Street	Address ((P.O. Box Number is Not Acc	eptable)			
						83					·		
						84	City				. 85	Zip C	ode.
							,			F	Lil	•	l
11. Pursuant I	to the provis	ions of Sections 607.05	02 and 607.15 te of Florida, St	08, Florida Statu	ites, the ab	oove vd b	e-named	d corporation's	on submits this statement fo board of directors. I hereby	the purpose	of chang	jing its	registered
agent. I a	m familiar w	ith, and accept the obli	gations of Sec	tion 607.05 05 , F	lorida Stat	utes).	porations	board of directors. Thoroby	400 0 pi 1110 B	рромино	in as i	109/3/0/04
SIGNATURE	Standture bross	or print ed hanks of registered a	ages and the disposit	/Al/	TE Registered	(And	nt nimatura	o roo ired who	on rejectation)	DATE			
12.	Signature, typet		ND DIRECTOR		13.	- Age	int signature	a reduiso wie	ADDITIONS/CHANGES TO			CTORS	S IN 12
TITLE	VTD	·	<u> </u>	☐ DELETE	1.3 TO	LE		T			Ch		Addition
NAME		A, JORGE A			1.2 NA	ME]					
STREET ADDRESS				1.3			ADDRESS	,					
CITY-ST-ZIP		H FL 33013					T-ZIP	<u> </u>			R V.		
TITLE	PSD	MEDIDA		☐ DELETE	2.1 111			PSD	ika iliziatua		Ch	ange	☐ Addition
NAME), MERIDA I.W. 148 ST.		2 2 NAM			MER	IDA, HIGINIO D NW 184 T	err.				
STREET ADDRESS		BEACH FL			2.3 Sf		ADDRESS	Mick	mi Lakes, Fi	330	ماد		
CITY-ST-ZIP TITLE	M	JE 1011 1 E		DELETE	3 1 717		or-zir	1 11131	111 001,000		Ch	anne	Addition
NAME	RODRIC	QUEZ, CARY M.			3.2 NA	ME				-		•	
STREET ADDRESS		34 STREET			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	HIALEA	H FL			3.4. CI	TY- 5	ST-ZIP						
TITLE			- ' <u>-</u> '	DELETE	4.1 TI	LĘ					Ch	ange	Addition
NAME					4. 2 N								
STREET ADDRESS							ADDRESS	ļ					
CITY-ST-ZIP	<u> </u>			DELETE	4.4 CF 5.1 Til		I - ZIP	 			Ch	ange	☐ Addition
NAME		•			5.2 NA						VII	₩	
STREET ADDRESS					- 2		ADDRESS						
CITY-ST-ZIP					5.4 CI		-	ļ					
TITLE				DELETE	6.1 TIT						Ch	ange	Addition
NAME					6.2 NA	ME							
STREET ADDRESS					6.3 \$1	REET	address	Į					
CITY-ST-7ID					6400	rv e	T_7IP	1					

14. Thereby 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.

FILED

Jan 28 1998 8:00am

Secretary of State