FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:43

DOCUMENT # F56293 (6)

1. Corporation Name
CABINETS BY GOMEZ, INC.

Principal Place of Business	Mailing Address
3540 NW 10TH AVE OAKLAND PARK FL 33309-2902	3540 NW 10TH AVE OAKLAND PARK FL 33309-2902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/25/1981	06/13/1994

2. Principal Place of Business	2a. Mailing Address
21 3532 NW 10th Ave.	26 3532 NW 10th AVE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Oakland Park, FL	City & State 28 Oakland Park, FL
Zip / Country 24 33309-2902 25 US	Zip / Country 29 33309-2902 30 US

4. FEI Number: 59-2153931 ☐ 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	10. Name and Address of New Registered Agent
GOMEZ, CARLOS 3540 NW 10TH AVE OAKLAND PARK FL 33334	81 Name: Gomez, Carlos 82 Street Address (P.O. Box Number is Not Acceptable): 3532 NW 10th Ave. 83 84 City: Oakland Park FL 85 Zip Code: 33309

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: _____ (NOTE: Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	GOMEZ, CARLOS	12 NAME	Gomez, Carlos
STREET ADDRESS	3540 NW 10TH AVE	13 STREET ADDRESS	3532 NW 10 AVE
CITY-ST-ZIP	OAKLAND PARK, FL 00000	14 CITY-ST-ZIP	Oakland Park, FL 33309
TITLE	SVT	21 TITLE	SVT ☒ Change ☐ Addition
NAME	GOMEZ, LINDA SUE	22 NAME	Gomez, Linda Sue
STREET ADDRESS	3540 NW 10TH AVE	23 STREET ADDRESS	3532 NW 10 Ave
CITY-ST-ZIP	OAKLAND PARK, FL 00000	24 CITY-ST-ZIP	Oakland Park, FL 33309
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 addition.

SIGNATURE: Carlos Gomez 2/7/95 390.0169
SIGNATURE AND TITLE OR PRINT NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0216070 CP