

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
Secretary of State
CORPORATION

DOCUMENT # J32708

(6)

The Corporation Name:

SANTA CLARA CABINETS, INC.

APPROVED
AND
FILED

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

Mailing Address:

* ANDRES DE LA PAZ
4718 N. MANHATTAN AVENUE
TAMPA FL 33614

* ANDRES DE LA PAZ
4718 N. MANHATTAN AVENUE
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

2a. Mailing Address:

21

26

3. Date incorporated or chartered:

09/09/1986

3a. Date of Last Report:

05/01/1994

4. FEI Number:

59-2712053

Applied For:

Not Applicable

22. State, Apt. #, etc.:

27. State, Apt. #, etc.:

22

27

5. Certificate of Status Desired:

\$8.75 Additional
Fee Required

23. City & State:

28. City & State:

23

28

6. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

24. Zip:

25. Country:

29. Zip:

30. Country:

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

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent:

PAZ, ANDRES DE LA
4718 N. MANHATTAN AVENUE
TAMPA FL 33614

81. Name:

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

83. City:

84. City:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 1907.04(3) and 687.15(8), 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 687.04(3), Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

Date:

12. OFFICERS AND DIRECTORS:

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

12.1 NAME:

DP
PAZ, ANDRES DE LA
8425 N GRADY AVE
TAMPA FL

13.1 NAME:

☐ Change ☐ Addition

12.2 NAME:

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TAMPA FL

13.2 NAME:

☐ Change ☐ Addition

12.3 NAME:

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

877-1634