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FILED
May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K77135

(7)

1. Corporation Name
LOM CUSTOM CABINETS INC.

Principal Place of Business
11111 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016
US

Mailing Address
11111 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016-4211
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1121 W Okeechobee Rd		26 SAME		04/03/1989	04/16/1996
22 Suite, Apt. #, etc. Bay 11		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State Hialeah Gardens FL		28 City & State		65-0113286	Not Applicable
24 Zip 33018		25 Country USA		5. Certificate of Status Desired	\$8.75 Additional Fees 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MESA, ORLANDO 650 E 1TH PLACE HIALEAH FL 33010				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE		Change	Addition
NAME	MESA, ORLANDO			1.2 NAME			
STREET ADDRESS	650 E 11 PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE		Change	Addition
NAME	MESA, MIRTA M.			2.2 NAME			
STREET ADDRESS	650 E 11 PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby 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 in an attachment with an address.

SIGNATURE: _____ (Signature of Officer or Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)