

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L91500 (3)

1. Corporation Name

PRIME CABINETS, INC.



Principal Place of Business

Mailing Address

~~14471 S. DIKE HWY~~
~~MIAMI FL 33176~~

~~14471 S. DIKE HWY~~
~~MIAMI FL 33176~~

2. Principal Place of Business

2a. Mailing Address

21 6604 TARREGA STREET

26 P.O. BOX 432345

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 CORAL GABLES, FL

27 City & State
28 MIAMI, FL

24 Zip
33146

25 Country
U.S.A.

29 Zip
33243-2345

30 Country
U.S.A.

3. Date Incorporated or Qualified
07/25/1990

3a. Date of Last Report
01/20/1995

4. FEI Number

65-0218214

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

POTAMOS, JAMES F.

~~14471 S. DIKE HIGHWAY~~
~~MIAMI FL 33176~~

81 Name

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

6604 TARREGA STREET

83

84 City CORAL GABLES FL

85 Zip Code
33146

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

James F. Potamos

(NOTE: Registered Agent's Signature is Required)

DATE

20 APRIL 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME POTAMOS, JAMES F.
STREET ADDRESS 6604 TARREGA ST.
CITY - ST - ZIP CORAL GABLES FL

TITLE ☐ DELETE
NAME DVS
STREET ADDRESS POTAMOS, SONIA E.
CITY - ST - ZIP 6604 TARREGA ST.
CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

James F. Potamos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. POTAMOS

4-20-96

305/599-0320

CR2E034 (12/95)