FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M09816** **(3)**

1. Corporation Name

A-1 CUSTOM WOODCRAFT, INC.

Principal Place of Business	Mailing Address
6423 NE 2ND AVE 9132 BYRON AVE. MIAMI FL 33138 US	9132 BERON 9132 BYRON AVE SURFSIDE FL 33154 US

3. Date Incorporated or Qualified: 01/09/1985
3a. Date of Last Report: 06/16/1995

4. FEI Number: 59-2565434 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6423 NE 2nd ave	26 9132 Byron ave.
Suite, Apt. #, etc. 22 SAME	Suite, Apt. #, etc. 27 SAME
City & State 23 SAME	City & State 28 SAME
Zip 24 33138 Country 25 SAME	Zip 29 33154 Country 30 U.S.A

9. Name and Address of Current Registered Agent

BARREIRO, MARIA C.
9132 BYRON AVE.
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name: ALBerto Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable): 9132 Byron ave.
83
84 City: SURFSIDE FL 85 Zip Code: 33154

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: ALBERTO RODRIGUEZ (Signature typed or printed name of registered agent and title if applicable) (Both Registered Agent signature required when changing) DATE: 6-10-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, ALBERTO		12 NAME		
STREET ADDRESS	9132 BYRON AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL		14 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BARREIRO, MARIA DEL C.		22 NAME		
STREET ADDRESS	9132 BYRON AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	400001883424 -07/03/96--01051--035 ***225.00	☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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CR2E034 (12/95)

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: ALBERTO RODRIGUEZ 6-10-96 4572135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (305) 757-2135