FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

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Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M30145

(0)

CUSTOM CABINET DESIGNS, INC.

Principal Place of Business Mailing Address									
13837 SW 139 CT MIAMI FL 33186 US		13837 SW 139 CT MIAMI FL 33186-5517 US	MIAMI FL 33186-5517			·			
00		00				3. Date Incorporated or Qualified 04/09/1986		of Last Re 3/1996	eport
2. Principa! Pi	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21	H ata	26				59-2656317			ot Applicable
Suite, Apt.	#, ENG.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	0	City & State				6. Election Campaign Financing	·	\$5.00	May Be
23	A MAN A	28				Trust Fund Contribution	9	Added t	
Zip	Country	Zip	_ Cou	intry		8. This corporation has liability for in	,		. 199.032,
24	9. Name and Address of Cure	29 3	0			Florida Statutes 10. Name and Address of New Reg	Yes L		
GOI	MEZ, FRANK	ent negletered Agent		B1	Name	IV. Hallie allo Adoless VI flew he	listelen vå		
	BI S.W. 43 STREET								
	MI FL 33175			62	Street Addre	ess (P.O. Box Number is Not Acceptab	e)	•	
***************************************				B3					
				B4	City			85 Zip (Code
44 5		500 1 007 1500 F(1- C)	41				<u>FL</u>		
office or ri agent a	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida Such change was aut ligations of, Section 607.0505, Florid	, tile ai thorize da Stat	d by tutes	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	t the appoir	itment as	registered
SIGNATURE		heart a	<u> </u>		· · · · · · · · · · · · · · · · · · ·		5.75	 	
12.	Signature typed or printed name of registered OFFICERS A	AND DIRECTORS	13.	a Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND D	IRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE		·····	1.55.11.51.5,011.51.65.15		Change	Addition
NAME	GOMEZ, FRANK		1.2 N	AME					
STREET ADDRESS	13981 SW 43 ST		1.3 S	REET	ADDRESS	•			
CITY - ST - ZIP	MIAMI FL 33175		1.4 CITY		T - ZIP				
TITLE	STD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	GOMEZ, PETER		2.2 NAM						
STREET ADDRESS	13870 SW 43 ST.		2.3 \$1	REET	ADDRESS				
CITY - S1 - ZIP	MIAMI FL 33175	☐ DELETE	-		ST-ZIP			Tobassa	Addition
THILE			3.1 TITLE 3.2 NAME				L	_ Change	Addition
NAME STREET ADDRESS					ADDRESS				
DITY-ST-ZIP									
TOLE		DELETE	3.4 CITY-		11-41F		T	Change	Addition
NAME			4. 2 N						_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					T-ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	A		5.4 C	TY-S	T-ZIP				
TITLE		☐ OELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS					ADDRESS				
C.T. CT 710	İ		E CAR	TV C	7 3 D				į.

14. To 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 on an attachment with an address.