FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M51381** **(5)**

1. Corporate Name

MOLINA CABINET CORP.

Principal Place of Business	Mailing Address
3900 NW 32 AVE MIAMI FL 33142 US	3900 NW 32 AVE MIAMI FL 33142 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/04/1987**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

County — 25:

Zip — 29:

County — 30:

4. FEI Number: **59-2802363** ☐ 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

MOLINA, ELIOVIGILDO
3421 N.W. 36 ST
MIAMI FL 33042

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1905, and 607.1908, 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. The 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	PTD	☐ Change ☐ Addition
Name	MOLINA, JORGE E.	
Street Address	11530 N.W. 87 CT	
City-St-Zip	HIALEAH-GARDEN FL	
Title	SD	☐ Change ☐ Addition
Name	MOLINA, ELIOBIGILDO	
Street Address	11530 N.W. 87 CT	
City-St-Zip	HIALEAH-GARDEN FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an asterisk or with an addition.

SIGNATURE: [signature] 4-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

633-2577

Daytime Phone #

0161835 CP