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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	REPORT	Secretar	Mortham y of State CORPORATIONS		
DOCUM 1. Corporation No		6 (5)			
	AND HECTOR CABINETS	RY, INC.		I ALEKANI DI SAM ILAK DIN KITA	
Principal Place of		Mailing Address			QLIA 01840 01744 64011 01044 01011 14104 1071
18797 SW 108 AVE MIAMI FL 33157		18797 SW 108 AVE Miami FL 33157		3. Date incorporated or Qualified 3a. Date of Last Report 08/19/1987 05/01/1995	
2. Principal Place	e of Business	2a. Mading Address		08/19/1987 4. FEI Number	Applied For Not Applicable
1 18797 Suite, Apt. #,	SW 108th Ave.	Suite, Apt. #, etc.		NOT APPLICABLE  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Miami Zp 33157	FL Country 25 Dade	28	Country 30	8. This corporation has liability for Florida Statutes Yes  10. Name and Address of New F	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	IU. Name and Address of New 1	
ZAYA CARLOS 12955 SW 150 TERR MIAMI FL 33186				ress (P.O. Box Number is Not Acceptat	ole)
			<b>84</b> City		FL 85 Zip Code
or registered familiar with SIGNATURE 5	d agent, or both, in the State of Holi, and a capt the the billigations of, Social agents to be a few transport of the state of Holings of Social agents to be a few transport of the state	et on 607.0505, Florida Statutes  Hector Z	contry the components of a se	Last on torre "dicka"	/16/96  CATE TOTAL DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PD ZAYAS, CARLOS 12955 SW 150 TERR	DELETE	1 1 TUTE 12 NAME 1 13 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME	MIAMI FL VD ZAYAS, HECTOR	☐ DETELE	1.4 CHY - ST- ZIP 2.1 TiTLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	12232 SW 193RD ST. MIAMI FL		2.3 STREET ADORESS 2.4 CITY+ST-ZIP		
TITLE NAME STREET ADDRESS	7118 WIF 3 B	DELETE	3 1 TITLE 32 NAME 33 STHEET ADDRESS		Charge Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DETEIE	34 CITY ST-2IF 4 11 TLE 42 NAME 43 STREET ADDR. SS		☐ Change ☐ Addilion
CHY-ST-ZIP THLE NAME		☐ DELETE	4.4 CHY - ST-ZIF 5.1 THE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME		☐ DELFTE	5.4 CHY : \$1-2IP 6.1 THEF 6.2 NAME	a//	Change Addition
certify that	y certify that the information supplied the information indicated on this a 1 am an officer or director of the coll Block 12 or Block 13 Johangy 1.	nation for the receiver or trust	ee empowered to execute	y for true exemption stated in Soction 11 trate and triat my signature shall have the this report as required by Chapter 607,	9.07(3ilk), Florida Statutes I further ne same legal effect as if made under Florida Statutes, and that my name

SIGNATURE: HECTOR SIGNATURE AND TWEE OR SIGNING OFFICER OR DIRECTOR

Hector Zayas 5/16/96 (305)233-5180