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

FILED
95 MAR -8 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M57828

1. Corporation Name
Manolo's Carpentry Inc.

300001426373
-03/10/95--01051--022
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5741 W. 20 ct. Hialeah, Fl. 33016	5741 W. 20 ct. Hialeah, Fl. 33016

3. Date Incorporated or Qualified: 9-01-87
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2837003 ☐ Applied For ☐ Not Applicable
21 5741 W. 20 ct.	26 5741 W. 20 ct.	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Hialeah, Fl.	City & State 28 Hialeah, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 33016 Country 25	Zip 29 33016 Country 30	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
Manuel Abreu 5741 W. 20 ct. Hialeah, Fl. 33016	81 Name: Manuel Abreu 82 Street Address (P.O. Box Number is Not Acceptable): 5741 W. 20 ct. 83 84 City: Hialeah, FL 85 Zip Code: 33016

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: Manuel Abreu Manuel Abreu - President 2-13-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Abreu, Manuel	12 NAME	
STREET ADDRESS	5741 W. 20 ct.	13 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl 33016	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	Abreu, Esther	22 NAME	
STREET ADDRESS	5741 W. 20 ct.	23 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl. 33016	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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 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: Manuel Abreu Manuel Abreu - President 2-13-95 305-556-9369
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone Number