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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:50

DOCUMENT # P92000004174 (8)

1. Corporation Name
CAPE FLORIDA HARDWARE, INC.

Principal Place of Business
~~89 HARBOR DR.~~ 644 CRANDON BLVD
KEY BISCAYNE FL 33149
US

Mailing Address
644 CRANDON BLVD
~~89 HARBOR DR.~~
KEY BISCAYNE FL 33149
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0369657 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) 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

CAMBO, TERESITA
~~89 HARBOR DRIVE~~ 644 CRANDON BLVD.
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: TERESITA CAMBO
82 Street Address (P.O. Box Number is Not Acceptable)
83 644 CRANDON BLVD
84 KEY BISCAYNE FL 85 33149

11. Pursuant to the provisions of Section 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: Teresita Cambo PRES 1/9/95
(Signature of new registered agent, if changed) (Name of Registered Agent, typed or printed, of new registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CAMBO, ROBERTO	12 NAME	
STREET ADDRESS	670 S. MASHTA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I 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 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 above, if applicable, or on an attachment with an address.

SIGNATURE: Robert Cambo PRESIDENT 1/9/95 (305)361-2118
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT (Date) (Daytime Phone #)

0101000 CP