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

PROFIT CORPORATION ANNUAL REPORT

HIALEAH FL 33016



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000027547

DARLENY KITCHEN CABINETS INC.

Principal Place of Business Mailing Address 2065 W. 62 ST

2065 W 62ND STREET HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/14/1993

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90066 029 ***150.00

2. Principal Pl	ace of Business	2a. Mai	iling Address				4. FEI Number	Ap	plied For	
21	26						65-0403244	No	t Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	Additional	
-			27				5. Certifcate of Status Desired	Fee.Re	quired	
City & State			/ & State				6. Election Campaign Financing	\$5.00	Mav Be	
23			i .				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Count				8. This corporation owes the current year Intan	gible		
24	25	25 29 30					Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Aç	jent		
,					81 N	lame			1	
JARAMILLO, DANIEL					82 Street Address (P.O. Box Number is Not Acceptable)					
3503 WEST 74TH PLACE					Street Address (1.0. Dax Hamber is Not Acceptable)					
HIALEAH FL 33016					83					
								05 7:- /	<u></u>	
					84 0	City	FL	85 Zip C	,ooe	
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.										
	in ramiliar with, and accept the obligati	Onia DI, 380		2000		W. T	2-1251	99	}	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applic		Registered /	Agent sig	nature required w	when reinstating) DATE	+		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PSTD		☐ DELETE	1.1 TIT	LE			Change	☐ Addition	
NAME (JARAMILLO, DANIEL			1.2 NA	ME	}			. 1	
STREET ADDRESS	2065 WEST 62 STREET			1.3 STF	REET ADI	DRESS				
CITY-ST-ZIP	HIALEAH FL 33016			1.4 CIT	Y-ST-ZI	P				
TITLE			DELETE	2.1 TIT	LE			Change	Addition	
NAME				2.2 NA	ME	ĺ	•		Ì	
STREET ADDRESS				2.3 STF	REET AD	DRESS				
CITY-ST-ZIP				2.4 CIT	IY-ST-Z	IP			ĺ	
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NAME				5.2 NA		Ì		•		
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CITY-ST-ZIP				•	Y-ST-ZI					
TITLE			DELETÉ	6.1 TIT		_		☐ Change	Addition	
NAME				6.2 NA	ME			. •	-	
STREET ADDRESS					REET AD	DRESS				
J					Y-ST-ZI	-				
CITY-ST-ZIP				0,4 011		· {				

14. I 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, with all other like empowered.