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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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| DOCUMENT # | P93000028884 | (3) |

NATIONAL KITCHEN CABINETS, INC.

| | | | | | | . 2011/2 1/201 (4/20) | APIDE IBOX | . Biof ibei |
|--|---|---|---|--|--|-----------------------|-----------------------------|---|
| Principal Place | | Mailing Address | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| 3566 N.W. 50 \$ Miami Fl 3314; | | 3566 N.W. 50 ST. Miami FL 33142-3932 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 04/14/1993 | 3a. Date of 07/23/ | | aport |
| 2. Principal Pl | lace of Rusiness | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For |
| | | 26 | | | 65-0422524 | | | t Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$ | 8.75 A | Additional quired |
| City & State | e | City & State | - | | 6. Election Campaign Financing | | \$5.00 Added to | |
| Z(p) | Country | 28 | Count | rv | Trust Fund Contribution 8. This corporation has liability for in | | | |
| i],. | 25 | 29 | 30 | ., | | Yes N | | 199.002, |
| <u>'</u> | 9, Name and Address of Curr | | 1 | | 10. Name and Address of New Reg | | | |
| GON | NZALEZ, JORGE | | В | 1 Name | | | | |
| | 0 W 53 ST APT 34 | | l ä | 2 Street Add | dress (P.O. Box Number is Not Acceptable | (a) | | |
| | LEH FL 33012 | | 10. | Sileer Add | Areas (1.0. pox nomber is not Acceptable | | | |
| | , | | B | 3 | | | | |
| | | | 8 | 4 City | | FL 8 | 5 Zip C | Code |
| C1 Durament | to the provisions of Sections 607.06 | FO2 and 607 1608 Florida Stat | lutes the sho | wo-namod cor | rporation submits this statement for the pu ation's board of directors. I hereby accept | | noina it | e renietero |
| agent. i a SIGNATURE | m Jamiliar with, and accept the oblining street types or procedures or registered a | igations of Section 607.0505, | FIORICA Statut | es. | , | | | · |
| | | agent and third it applicable (iv | OTE Registered A | gent signature requ | ulred when reinstating) | DATE | | |
| 12. | OFFICERS A | ND DIRECTORS | OTE Registered A | gent signature requ | uired when reinstaling) ADDITIONS/CHANGES TO OFFIC | ERS AND DIF | | |
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Secretary of State

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