

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

FILED

May 22 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P94000036281 (1)**

1. Corporation Name

EURO WESTERN WOOD AND MICA CABINETS, INC.



Principal Place of Business

**10651 N.W. 132ND ST.
#1
MIAMI FL 33016**

Mailing Address

**10651 N.W. 132ND ST.
#1
MIAMI FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

65-0492067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **756 N.W. 42AVE**

27 Suite, Apt. #, etc.

28 City & State

29 **MIAMI, FL** **30** **33126** **31** **DADE**

9. Name and Address of Current Registered Agent

**DIAZ, JOSE
10651 N.W. 132ND ST.
#1
MIAMI FL 33016**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

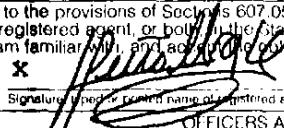
84 City

FL

85 Zip Code

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


Signature of person named in Section 607.0505, Florida Statutes, and title if applicable

PRESIDENT, JOSE DIAZ - REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

1 TITLE ☐ DELETE
NAME **DIAZ, JOSE**
STREET ADDRESS **10651 N.W. 132ND ST. #1**
CITY-ST-ZIP **MIAMI FL 33016**

2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

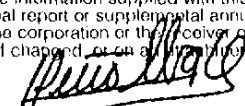
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 a supplemental report with an address.

SIGNATURE: X



PRESIDENT, JOSE DIAZ

CR2E034 (10/97)