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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT #**Corporation Name P94000043028 (7)

## **FILED** Apr 30 1998 8:00am Secretary of State

A BETTER BUILT CABINET SHOP, INC.					
					<u> </u>
Principal Place	e of Business	Mailing Address		I (DARKARI HIN BANI) DIDIH BANA DOMU DUNH ACAN	. DIEGO 1911 BBING 1802 1811 1861
18758 SW 105TH PLACE 18758 SW 105TH PLACE MIAMI FL 33157 MIAMI FL 33157				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				06/06/1994	
2. Principal P	lace of Business	24. Mailing Address		4- FEI Number	Applied For
21		26		65-0498385	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.   22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
29 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
	Z, PEDRO		81 Name		
18758 SW 105TH PLACE MIAMI FL 33157			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		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 Force. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE		01/93	TOU CIAIGIOS.		
SIGNATURE	Signature, typed or printed onlie of regulerebing	ont and the il applicable (NOTE	Registered Agent signature requir	ed when reinstating) DA	re
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, PEDRO		1.2 NAME		
STREET ADDRESS	18758 SW 105TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZW	MIAMI FL 33157		1.4 City-St-ZiP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZVP	· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		L.J DELEIE	3.1 TITLE		Cuanda Chydonnon
HAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	•	C. OLDERA	5.2 NAME		T comment T controll
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 70			8.4 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 an attachment with an address.

SIGNATURE: