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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

305 625-417/

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400085848 (7)

ARMANDO GARCIA CUSTOM CABINETS, INC.

Principal Place of Business Mailing Address					I IBBNIDEN HIS SONN DIDIN ODNIH BONN BONH ODRIDI	<u> </u>	
2131 NW 23RD COURT		2131 NW 23RD COURT					
MIAMI FL		MIAMI FL					
						DO NOT WRITE IN THI	IS SPACE
						3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Ac	droce			11/28/1994 4. FEI Number	Topslind For
2. Frincipal F	INCO OF BUSINESS	<u>├</u>				65-0538253	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		·	[27]			5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28]				Trust Fund Contribution	Added to Fees
Zip			Country		,	B. This corporation owes or has paid the o	current year Intangible
24	25			30		Personal Property Tax due June 30.	☐ Yes 🔀 No
	9. Name and Address of Curre		ıt		1 7.	10. Name and Address of New Registers	ed Agent
	BER CORPORATE AGENTS, IN	C.		81	Name		
	01 \$0 UTH BAYSHORE DRIVE			82	Street Ad	ldress (P.O. Box Number is Not Acceptable)	***
	TH FLOOR			_			
MM	AMI FL 33131			83			
				84	City		85 Zip Code
		007.4500.51				F	
office or re	egistered agent, or both, in the Stat	e of Florida. Such ch	ange was au	thorized b	y the corpor	propriation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
agent I a	m familiar with, and accept the obli	gations of, Section 60	07. 0 505, Flor	ida Statute:	S.	. ,	
SIGNATURE	Signature, typed or printed name of registered as	introduce in the second	0.015	B		quired when reinstating) DATE	
12.		ND DIRECTORS	(NOTE:	13.	ent signature req	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D		DELETE	1.1 TITLE		The state of the s	Change Addition
NAME	GARCIA, ARMANDO R JR.			1.2 NAME			
STREET ADDRESS	220 SW 30TH ROAD			1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129			1.4 CITY- S	ST-ZIP		
TITLE	D DELETE		DELETE	2.1 TITLE			Change Addition
NAME	GARCIA, CARIDAD	GARCIA, CARIDAD		2.2 NAME			
STREET ADDRESS	220 SW 30TH ROAD			2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129			2. 4 CITY-	ST-ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME	İ		
STREET ADDRESS				43 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY- S	ST-ZIP		
TITLE			DELETÉ	5.1 TITLE	ĺ		Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S	51 - ZIP		
TITLE		[]	DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
. CTOSET ANNOCCE !				I ca empeca	ADDRESS		Ī

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 suppliemental nanual report is true and accurate and that my signalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the recover 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.