## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000038752 (8) **DOCUMENT #** 

BONO KITCHEN CABINET & WOODWORK, INC.

Principal	Place	of	Business

Mailing Address

960 E. 4TH STREET

DEA E ATH STORET



	. 33010	HIALEAH FL 33010					
					3. Date incorporated or Qualified 05/15/1995	3a. Date o	f Last Report
2. Principal Pla	ice o' Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			G5-058184	<u> </u>	Not Applicabl
Suite, Apt #	e, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count 30	ry	8. This corporation has liability for in Florida Statutes Yes  Yes		urider s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	<u></u>		10. Name and Address of New R	_	
			8	1 Name			
	z, alina m		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	lo)	
950 E.	4TH STREET			0	Toda ( 10. Box Maribos 15 Mor Modepital)	no,	
HIALEA	H FL 33010		8	3			
			8	4 City		FL	85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508. Florida Stati	ites, the above	unamed coroc	pration submits this statement for the pur	· · · · · · · · · · · · · · · · · · ·	ping its registered off
On regratere	d agent, or both, in the State of Flor it, and accept the obligations of, Sec	iua, ooch change was aumor	izea ny me cov	rporation's boa	ard of directors. I hereby accept the appoint	pintment as re	ging its registered officialistered agent. Lam
SIGNATURE		·					
12.	Signature, typed or protest can ellin registeral la <sub>di</sub> : OFFICERS AN	RECTORS	23 t fe g sen⊲ A; <b>13.</b>	(too) Software to pur	ADDITIONS/CHANGES TO OFFI	DATE OCIDO AND D	Secretary N. C.
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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 cath; 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 for on an attachment with an address

SIGNATURE: Color DI PRINTED NAME OF SIGNING OFFICER OF DIRECTOR M. MOURIZ 5/1/96