FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000077859 (3)**

1. Corporation Name

CHAMPION CABINET DESIGNS, CORP.

Principal Place of Business	Mailing Address
7760 W 20 AVE #19 HIALEAH FL 33016	7760 W 20 AVE #19 HIALEAH FL 33016

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65 - 0614129 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIAZ, CARLOS
7760 W 20 AVE #19
HIALEAH 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 New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	DPTS	☐ Change ☐ Addition
NAME	DIAZ, CARLOS		1.2 NAME	Diaz, Carlos	
STREET ADDRESS	7760 W 20 AVE #19		1.3 STREET ADDRESS	7760 W 20 Ave #19	
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	~~DVS~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~PINEDA, PEDRO~~		2.2 NAME		
STREET ADDRESS	~~7760 W 20 AVE #19~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~HIALEAH FL 33016~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME			3.2 NAME	Carlos Diaz	
STREET ADDRESS			3.3 STREET ADDRESS	7760 W 20TH AVE #19	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		5-1-96
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		200 by Bank
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carlos Diaz CARLOS DIAZ 4/29/96 305 8285080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT