

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

PROFIT
CORPORATION
ANNUAL REPORT

1998 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN -4 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063039**
1. Corporation Name
ASTRO CABINETS, INC

Principal Place of Business Mailing Address
4511 SW 75th AVE. 6392 SW 39th TERR
MIAMI, FL 33155 MIAMI, FL 33155-4818

3. Date Incorporated or Qualified 3a. Date of Last Report
N/A

2. Principal Place of Business 2a. Mailing Address
4511 SW 75th AVE. 6392 SW 39th TERR

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. City & State 27. City & State
MIAMI, FL MIAMI, FL

23. Zip 28. Zip
33155 33155-4818

24. Country 29. Country
USA USA

4. FEI Number Applied For
65-0637262

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

10. Name and Address of New Registered Agent

ROBERTO J. FERNANDEZ
6392 SW 39th TERR
MIAMI, FL 33155-4818

81. Name **ROBERTO J. FERNANDEZ**
82. Street Address (P.O. Box Number is Not Acceptable)
6392 SW 39th TERR
83.
84. City **MIAMI** FL 85. Zip Code **33155**

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 **ROBERTO J. FERNANDEZ, PRES.** DATE **4/29/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PID ROBERTO J. FERNANDEZ**
1.3 STREET ADDRESS **6392 SW 39th TERR**
1.4 CITY-ST-ZIP **MIAMI, FL 33155-4818**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **NOEMI GIBERT**
2.3 STREET ADDRESS **6392 SW 39th TERR.**
2.4 CITY-ST-ZIP **MIAMI, FL 33155-4818**

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

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

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

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

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

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

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

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

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)(k), 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: **Noemi Gilbert** DATE **4/29/96 (305) 267-4520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL
SIGNATURE
FOR 1998 ANNUAL REPORT 5/00/98

CR25034 (12/95)



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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 3, 1998

ASTRO CABINETS, INC.
6392 SW 39 TERR.
MIAMI, FL 33155-4818

SUBJECT: ASTRO CABINETS, INC.
Ref. Number: P96000063039

Please be advised, we have received your document for the above corporation; however, the document has not been filed and is being returned for the following:

The new registered agent must sign in block 11.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 398A00031474

/gw

SECOND REQUEST!

I DID NOT RECEIVE ANY NOTIFICATION ON RECEIPT OF DUPLICATE FORM & PAYMENT SENT FOR THIS PAYMENT. - PLEASE PROCESS THIS CHECK IF NEEDED FOR 1998 ANNUAL CORPORATION REPORT.

SINCERELY

Joemi Fernandez

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314