SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # P96000104228 (7)

FILED Sep 08 1997 8:00am Secretary of State

CABINET SALES, INC.				
•	1	. •		A JABON BRANI BARAN NIBAR HABAN KANI IBAN
	,			
Principal Place of Business	Mailing Address		T OR DISTRICT TO THE OTHER ORDER OF THE CONTROL OF THE	II IIBII BRIII DIELD IIĒID IIBĒL IRIS IDDI
2480 BAY 1 HAMMONDVILLE RD	2480 BAY 1 HAMMONDVILLE	E RD		:. .
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069		1	DO NOT WRITE	E IN THIS SPACE
			3. Date Incorporated or Qualified	3a. Date of Last Report
			12/30/1996	San San Sy Eddt Nepsy.
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2480#1 HAMMOUDVILLE RS	26		65-0723	8 76 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
23 Rompano Beh F1.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Rompano Beh F1. Zip Country	Zip	Country	8. This corporation owes or has pa	
24 33069 25 BROWARD	⊢ ¬ `	30	Personal Property Tax due June	- · - ·
9. Name and Address of Current			10. Name and Address of New Re	
COSTA, JORGE		B1 Name		
3073 NW 94 AVE		82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065				
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607 1E09 Florida Statuta	e the shows named	perporation authorite this statement for the	FL by Zip Code
11. Pursuant to the provisions of Sections 607,0502 office or registered agent or both, in the State of agent. I am familiar with, and accept the obligate	f Florida, Such change was at	uthorized by the corp	pration's board of directors. I hereby acce	pt the appointment as registered
	lops of, Section 607,0505, Flor	rida Statutes.		0/2/100
SIGNATURE Signature and or prime of registered agent	and title if applicable (NOTE:	Registered Agent signature r	equired when reinstaling)	9/2/97
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE PRESIDENT	☐ DELETE		······································	
		1.1 TITLE		☐ Change ☐ Addition
NAME (DSTA) JORGE		1.2 NAME		
STREET ADDRESS 3073 NW 94 AVG	٤_	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL Springs, 1	e =1. 33065	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP CORAL SpringS, I	٤_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
CITY-ST-ZIP CORAL SpringS, I TITLE VASS NAME COSTA TESSE	E F. 33065 □ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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14. I do hereby certify that the Information supplied with this filling 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 an attachment with an address.