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

**PROFIT** CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P9700005730 (1)

DOCUMENT # P97000 1. Corporation Name EUROPA KITCHEN CABINET, INC.

**FILED** Apr 24 1998 8:00am Secretary of State



| •   |  |                     |  |  |
|---|--|---------------------|--|--|
| Principal Place of Business   | Mailing Address  |                     | -  | - I nebsiddi iid iaisi saari darii darii darii darii darii daria biiii ibadd iirii dari sadi |
| 8064 WEST 21 COURT<br>UNIT 10-C   | 8084 WEST 21 COURT<br>UNIT 10-C  |                     |  |  |
| HIALEAH FL 33016 HIALEAH FL 33016   |  |                     |  | DO NOT WRITE IN THIS SPACE   |
| ·   |  | •                   |  | 3. Date Incorporated or Qualified 01/21/1997   |
| 2. Principal Place of Business 2a. Mailing Ad 25  |  | Address             |  | 4. FEI Number Applied For Not Applicable   |
| Sulte, Apt. #, etc.   |  | Suite, Apt. #, etc. |  | S8 75 Additional   |
| 22  | 27   |                     |  | 5. Certificate of Status Desired Fee Required  |
| City & State  | City & State   | City & State        |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees           |
| Zip Country   | Zip  | Country             |  | 8. This corporation owes or has paid the current year Intangible                             |
| 24 25   | 29   | 30                  |  | Personal Property Tax due June 30.  Yes No   |
| g. Name and Address of Current Registered Agent   |  |                     | 10. Name and Address of New Registered Agent |  |
| ALFARO, PEDRO 81 Name   |  |                     | 1 Name                                       |  |
| 8084 WEST 21 COURT  |  | 8:                  | 2 Street Add                                 | ress (P.O. Box Number is Not Acceptable)   |
| UNIT_10-C<br>HIALEAH FL 33016   |  | 6:                  | <u></u>                                      |  |
| HIRLEAN PC 33010  |  |                     |  |  |
|   |  | 84                  | ],   | 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   |  |                     |  | red when reinstating) DATE   |
| Signature typed or printed name of registr  | RS AND DIRECTORS   | 13.                 | geni signature requi                         | red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                     |
| TITLE PSTD  | DELETE   | 1.1 TITLE           |  | Change Addition  |
| NAME GANDARILLA, MABEL  | GANDARILLA, MABEL  |                     |  |  |
| STREET ADDRESS 8084 WEST 21 COURT, 10-C   |  |                     | ET ADDRESS                                   |  |
| CITY-ST-ZIP HIALEAH FL 33016  |  | 14 City             | 1  |  |
| TITLE   | ☐ DELETE 2.11  |                     |  | Change Addition  |
| NAME  | 22   |                     |  |  |
| STREET ADDRESS  |  | 2.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | a a second and a second as |                     | - ST - ZIP                                   |  |
| TITLE   | ☐ DELETE :   |                     |  | Change Addition  |
| NAME  |  | 3.2 NAME            |  |  |
| STREET ADDRESS  |  | 3.3 STREE           | ET ADORESS                                   |  |
| CITY-SI-ZIP   | ······································   | 3 4. City           |  |  |
| TITLE   | DELETE 4.1 1   |                     |  | Change Addition !  |
| NAME  |  | 4. 2 NAM            | - 1  |  |
| STREET ADDRESS  |  |                     | et address                                   |  |
| CITY-ST-ZIP   | DELETE   | 4.4 CITY            |  |  |
| TITLE   | DELETE   | 5.1 TITLE           | ĺ  | L Change Addition  |
| NAME<br>CONSTRUCTIONS   |  | 5 2 NAME            |  |  |
| STREET ADDRESS  |  |                     | ET ADDRESS                                   | J  |
| CITY-ST-ZIP<br>TITLE  | DELETE   | 54 CITY-            |  | ☐ Change ☐ Addition  |
| NAME  |  | 6.2 NAME            | ŀ  | E Change E Addition  |
| STREET ADDRESS  |  |                     | ET ADDRESS                                   |  |
| CITY-ST-2IP   |  | 6.4 CITY-           | 1  |  |
|   | lied with this filing does not qualify fo  |                     |  | 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 ar officer or director of the corporation of 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 allachment with an address.

SIGNATURE:

The state of