Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061575

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zio

THE KITCHEN & BATH STORE. INC.

| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
|--|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | |
| 7640 NW 25TH STREET. STE 111 MIAMI FL 33122 | 7640 NW 25TH STREET. STE 111 MIAMI FL 33122 | | | | |
| Principal Place of Business | 2a. Mailing Address | | | | |
| 21 | 26 | | | | |

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Suite, Apt. #, etc.

City & State

Zip

9. Name and Address of Current Registered Agent

Country

| VENEGAS, MARIA CAROLINA | | | | | | | | | |
|-------------------------|----------------------|--|--|--|--|--|--|--|--|
| 7640 NW | 25TH STREET, STE 111 | | | | | | | | |
| MIAMI FL | 33122 | | | | | | | | |

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May 06, 1999 8:00 am Secretary of State

05-06-1999 90072 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

Appulo FOR.

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

07/13/1998

4. FEI Number

| | | | - 1 | | | | | | | | |
|---|---|--------------------|-------|-----------|------------------------------|---------------------|----------------|-------------------|--------------------|--|--|
| | | | 84 | City | | | FL 85 | Zip Co | ode | | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instalting) DATE | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | | | ADDITIONS/CHAI | NGES TO OFFICE | RS AND DIF | RECTOR | S IN 12 | | |
| TITLE | D. DEL | ETE 1.1 TIT | LE | | | | | hange | Addition | | |
| NAME | VENEGAS, MARIA CAROLINA | 1.2 NA | ME | | | | | | | | |
| STREET ADDRESS | 7640 NW 25TH STREET, STE 111 | 1.3 ST | REET | ADDRESS | | | | | Ì | | |
| CITY-ST-ZIP | MIAMI FL 33122 | 1.4 CF | TY-ST | - ZIP | | | | | | | |
| TITLE | D DEL | ETE 2.1 TII | ΊĒ | | | | | hange | ☐ Addition | | |
| NAME | SILVA, FELIPE | 2.2 NA | ME | | | | | | ľ | | |
| STREET ADDRESS | 7640 NW 25TH STREET, STE 111 | 2.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33122 | 2.4 CI | TY-S | r-ZIP | | | | | | | |
| TITLE | D DEL | ETE 3.1 TIT | 7.E | | | | | hange | Addition \ | | |
| NAME | DOW, ODEL | 3.2 NA | ME | | | | | | | | |
| STREET ADDRESS | 7640 NW 25TH STREET, STE 111 | 33 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33122 | 3.4. CI | TY-S | r-zip | | | | | | | |
| TITLE | D | ETE 4.1 TI | ΊE | | | | | hange | ☐ Addition | | |
| NAME | DOW, OLIVER | 4.2 N | AME | ļ. | | | | | | | |
| STREET ADDRESS | 7640 NW 25TH STREET, STE 111 | 4.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33122 | 4.4 Cl | TY-ST | -ZIP | | | | | | | |
| TITLE | , ; DEL | ETE 5.1 TII | ΠE | | | | | Change | ☐ Addition | | |
| NAME | | 5.2 NA | | | | | | | | | |
| STREET ADDRESS | | 5.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | 5.4 CI | | -ZIP | | | | | 7 4 1 4 4 4 | | |
| TITLE | ☐ DEL | | | ĺ | | | | Change | Addition | | |
| NAME | | 6.2 NA | | | | | | | | | |
| STREET ADDRESS | | 6.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | 6.4 CI | | | | | | _ 1 1 - 1 - 1 - 1 | · | | |
| 44 I horoby o | ertify that the information supplied with this filing does not gu | iality for the exe | moti | on stated | in Section 119.07(3)(i), Flo | noa Statutes. I fun | ner certify th | at the in | เอาเทลแบก | | |

Country

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indicated on this annual report or supplied while this limit does not qualify for the exemption stated in Section 1.19.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report is 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, with all other like empowered.