SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Secretary of State ANNUAL REPORT FILED DIVISION OF CORPORATIONS 1999 99 AUG -6 PH W 39 DOCUMENT # P98000074075 TALLAHASSEE FLORIDA ESTEVEZ CABINETS INC. Principal Place of Business Mailing Address 3640 N.W. 9TH STREET, APT 303 3640 N.W. 9TH STREET, APT 303 MIAMI FL 33125 MIAM! FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1998 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Country Zip Country 8. This corporation owes the current year Yes No 29 Intangible Personal Property. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ESTEVEZ, JORGE L Street Address (P.O. Box Number is Not Acceptable) 3640 N.W. 9TH STREET, APT 303 **MIAMI FL 33125** 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CRZE034 (5/99 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE Change Addition TITLE DELETE ESTEVEZ, JORGE L NAME 3640 N.W. 9TH STREET, APT 303 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33125 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 21 TITLE NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CiTY-ST-ZiP CITY-ST-ZIP Change Addition 3 1 TITLE TITLE DELETE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADORESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition 4 1 TITLE DELETE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP SITILE Change Addition TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 TITLE TITLE DELETE NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing 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 fig seme 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 Glapler 67, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address