FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
~~Sandra B. Mortham~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01879 (3)

1. Corporation Name
CUSTOM CABINETS AND REPAIR INC.

Principal Place of Business
201 W 23 ST BAY 2
HIALEAH FL 33010
changed the

Mailing Address
201 W 23 ST BAY 2
HIALEAH FL 33010

3. Date Incorporated or Qualified: 09/04/1990
3a. Date of Last Report: 08/28/1995

2. Principal Place of Business
21 2699 W 79 St
Suite, Apt. #, etc.
22 8
City & State
23 Hialeah Fl
Zip
24 33012
Country
25 Dade

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0217138 — Applied For / Not Applicable

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

MORALES, CARLOS A
11521 SW 6 TERR
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: Guillermo Rico
82 Street Address (P.O. Box Number is Not Acceptable)
83 3561 E 8 Ave
84 City: Hialeah FL
85 Zip Code: 33013

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] — DATE 3/01/96

Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MORALES, CARLOS A	
STREET ADDRESS	11521 SW 6 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	V	☒ DELETE
NAME	MORALES, HUMER	
STREET ADDRESS	11521 SW 6 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☐ Addition
1.2 NAME	Morales, Carlos A	
1.3 STREET ADDRESS	2016 SW 136 PL	
1.4 CITY-ST-ZIP	Miami Fl 33175	
2.1 TITLE	P	☐ Change ☐ Addition
2.2 NAME	Rico Guillermo	
2.3 STREET ADDRESS	3561 E 8 Ave	
2.4 CITY-ST-ZIP	Hialeah Fl 33013	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: X [signature] — 3/01/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #