

FILE NOW: FILING FEE AFTER N 1.3 \$550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sanford B. Thurman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
SD1879
CUSTOM CABINETS AND REPAIR INC
2699 W 79 ST STE 8 HIALEAH FL 33012

Principal Place of Business Mailing Address
2699 W 79 ST SUITE 8
hialeah fl 33012

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1-1-91		3a. Date of Last Report 1996	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FFL Number 65-0217138		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARLOS A MORALES 11521 SW 6 terr miami				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 *Carlos A. Morales*
(NOTE: Registered Agent's signature required when registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	P CARLOS A MORALES	11521 SW 6 Terr Miami					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
	VICE HUMER MORALE S	13435 SW 22 Terr Miami FL 33178					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

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***165.00 5/20/97

14. I do 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 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: *Carlos A. Morales* 3/14/97

CR2E034 (9/96)