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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

STREET ADDRESS

SIGNATURE: X

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86236

(4)

J.V. CABINETRY MANUFACTURING, INC.

FILED Apr 29 1998 8:00am Secretary of State

	ce of Business	Mailing Address			1011 91911 01011 01911 91911 1001
2724 W 79TH	I ST	2724 W 79TH ST UNIT B		,	
HIALEAH FL 33016 HIALEAH FL 33016				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
6 5 1115			<u></u>	10/08/1991	
	NGO 5.W. 136th Steet	26. Mailing Address 26. 14260 S.W.I	21401	4. FEI Number	Applied For
Suite, Apt.	160 J.W. 136' MICT	26 4760 5.6.1 Suite, Apt. #, etc.	so stact	65-0288962	Not Applicable
22	Unit #17	27 Unit \$17		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Å a	City & State		6. Election Campaign Financing	\$5.00 May Be
23 '	TICON TO	28 11001, 10	0	Trust Fund Contribution	Added to Fees
Zip 331*	86 25 USA	29 33186 3	Country 30 USA	8. This corporation owes or has paid the	current year Intangible R Yes No
24 731	9, Name and Address of Current		30 USH	Personal Property Tax due June 30. 10. Name and Address of New Registere	
JAIME, LUIS 81 Name					
•	# 1-B >	Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33018					
-			84 City		
			84 City	Corporation submits this statement for the purpose	L 85 Zip Code 33/76
11. Pursuant to the provisions of Soctions 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	and the man when and accept the twings	illiona or, eccetori doy,osoo, i tori	iod Statutes.		
	Signature, typed or printed name of registered ager		Registered Agent signature		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	L DELETE	1.1 TITLE		Change Addition
NAME	JAIME, LUIS		1.2 NAME	11576 S.W. 918 Terria	
STREET ADDRESS	- 2724 W 79TH ST, UNIT B		1.3 STREET ADDRESS	Min. 8C 33 176	ł
CITY-ST-ZIP	THALEATTE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	171011, PC 33 176	Change Addition
NAME		□ остен	2.2 NAME		C Cuange C Rodillon
STREET ADDRESS	}		2.3 STREET ADDRESS		!
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ļ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		1
CITY-ST-ZIP		·	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		J

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not quality 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. 198 (305)9710708

Change

☐ Addition