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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P9300060279 (5)

SIGNATURE: SIGNATURE AND APED IN PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

| QUALIT   | ty drywall finishing,   | , INC.  |  | <br>  1281/82  148 1818 1811 88/11   |   |
|--|---|---|--|--|---|
| Principal Place of Business  |   | Mailing Address   | Mailing Address  |  | BONN BONK DAKIR BINN CONA NYAK NDIKO NDIN NADA  |
| 7653 N.W. 57TH STREET<br>TAMARAC FL 33321  |   | 7809 W COMMERCIA<br>TAMARAC FL 33351<br>US  |  |  |   |
|  |   | US  |  | <ol> <li>Date Incorporated or Qualifit</li> <li>08/24/1993</li> </ol>                      |   |
| Principal Pla  | ace of Business   | 2a. Mailing Address   |  | 4_FEI Number   | 05/11/1995  |
| 710  | 9 NW 57 TH ST.  | 26  |  | 65-0438917   | Applied For Not Applicable  |
| Suite, Apt. #  |   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 Additional   |
| City & Chale   |   | 27  |  | 9. Certificate of Otatus Desired   | Fee Required  |
| City & State   | LOAC FL.  | City & State  |  | 6. Election Campaign Financin  | Willy be  |
| 710  | Country   | <b>28</b>   | Country  | Trust Fund Contribution  | Added to Fees   |
| 333  | 361 25 Oxense   |   | 30   | 8. This corporation has liability     Florida Statutes                                     | for intangible tax under si 199.032,<br>∕es □ No  |
| 4  | 9. Name and Address of Curr   |   |  | 10. Name and Address of Ne   |   |
|  |   |   | 81 Name  |  |   |
|  | Z, JUAN R   |   | 62 Street Adr  | trace (P.O. Boy Number is Not Accer  | stablet   |
| 7 <del>059 NW 57TH S</del> TREET   |   |   | 780  | Adriress (P.O. Box Number is Not Acceptable)   |   |
| TAMARA   | I <del>C FL 33321 "</del>   |   | 83   |  |   |
|  |   |   | 84 City  |  | les Zin Codo  |
|  |   |   | TAM  | MARAC  | FL 85 Zip Code 3335//   |
| <ol> <li>Pursuant to</li> </ol>  | of the provisions of Sections 607.05  | 02 and 607.1508, Florida Statu  | ites, the above-named corns  | valion aubmita this atatament for the  | purpose of changing its registered office   |
| Or registere   | ed agent, or both, in the State of Fic<br>h, and accept the obligations of, Se  | orida. Such change was authori:   | ized by the comoration's boa   | ard of directors. I hereby accept the a  | ippointment as registered agent. I am   |
| familiar with  | h, and accept the obligations of, Se  | orida. Such change was authori<br>ection 607.0505, Florida Statute  | ized by the corporation's boals.   | of directors. I hereby accept the a  | ppointment as régistered agent. I am  |
| familiar with  | on agent, or both, in the State of Fig.<br>h, and accept the obligations of, Se<br>Synamic, typed or printed name of registered age | orlida. Such change was authority oction 607.0505, Florida Statutes   | IZED by the corporation's boals.  IOTE: Registered Agent signature require   | ard of directors. I hereby accept the a  | ppointment as registered agent. I an  |
| familiar with  | h, and accept the obligations of, So<br>Synamic typed or pritted name of registered ap<br>OFFICERS A                                | orloa: Such Crange was author;<br>action 607.0505, Florida Statute:<br>pert and tile if applicable (N<br>AND DIRECTORS          | IZECT by the Corporation's boals.  IOTE Registered Agent signature require   | ard of directors. I hereby accept the a  | ppointment as registered agent. I am  DATE  DEFICERS AND DIRECTORS IN 12  |
| familiar with  | Synatric, typed or prited name of registered by  OFFICERS A   | orlida. Such change was authority oction 607.0505, Florida Statutes   | OTE Registered Agent signature require  13.  | ard of directors. I hereby accept the a  | ppointment as registered agent. I am  |
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1/24/96 (9/4/726-8866 Date Provide Pro