

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

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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000081642 (7)

1. Corporation Name
BIG BEAR PLASTERING INC.



Principal Place of Business: **11221 NW 7TH STREET STE 7 MIAMI FL 33172**
Mailing Address: **11221 NW 7TH STREET STE 7 MIAMI FL 33172-6500**

3. Date Incorporated or Qualified: **10/23/1995** 3a. Date of Last Report: **02/19/1996**
4. FEI Number: **65-0618691** Applied For: Not Applicable
6. 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

2. Principal Place of Business: **14073 SW 168 LANE MIAMI FLORIDA 33177 USA**
2a. Mailing Address: **14073 SW 168 LANE MIAMI FLORIDA 33177 USA**
22. City & State: **MIAMI FLORIDA**
23. City & State: **MIAMI FLORIDA**
24. Zip: **33177** 25. Country: **USA**
26. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
28. City & State: **MIAMI FLORIDA**
29. Zip: **33177** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**SEOANE, MARIA L
11221 NW 7TH STREET STE 7
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name: **SEOANE, MARIA L**
82 Street Address (P.O. Box Number is Not Acceptable): **14073 SW 168 LANE**
83
84 City: **MIAMI** 85 Zip Code: **FL 33177**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: QUINTANAL, CARLOS M.		12 NAME: QUINTANAL, CARLOS M.	
STREET ADDRESS: 11221 NW 7TH ST, #7		13 STREET ADDRESS: 14073 SW 168th LANE	
CITY- ST- ZIP: MIAMI FL		14 CITY- ST- ZIP: MIAMI, FL 33177	
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SEDANE, MARIA L.		2.2 NAME: SEOANE, MARIA L.	
STREET ADDRESS: 11221 NW 7TH ST, #7		2.3 STREET ADDRESS: 14073 SW 168th LANE	
CITY- ST- ZIP: MIAMI FL		2.4 CITY- ST- ZIP: MIAMI FL 33177	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY- ST- ZIP:		3.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY- ST- ZIP:		6.4 CITY- ST- ZIP:	

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: *[Signature]* **MARIA L SEOANE** 4-23-97 305 255-8110
Date Daytime Phone #

CR2E034 (9/96)