

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

FILED
May 28 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 # P96000103983 (8)

1. Corporation Name
H&L DRYWALL, INC.



Principal Place of Business: **691 INDIAN AVE. FT. LAUDERDALE FL 33312**
 Mailing Address: **691 INDIAN AVE. FT. LAUDERDALE FL 33312-1944**

3. Date Incorporated or Qualified: **12/30/1996**
 3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **65-0715212**
 Applied For: Applied For, Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

9. Name and Address of Current Registered Agent: **VARGAS, HERIBERTO, 691 INDIAN AVE. FT. LAUDERDALE FL 33312**
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, 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: *Heriberto Vargas* (NOTE: Registered Agent signature required when reinstating) DATE: **2/8/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, HERIBERTO	1.2 NAME	
STREET ADDRESS	691 INDIAN AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, LEOBARDO	2.2 NAME	
STREET ADDRESS	691 INDIAN AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, SILVINO	3.2 NAME	
STREET ADDRESS	691 INDIAN AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, FRANCISCO	4.2 NAME	
STREET ADDRESS	691 INDIAN AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	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: *Heriberto Vargas* DATE: **2/8/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0005415**

CR2E034 (9/96)