

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P97000094895 (4)**

1. Corporation Name  
**TIMBER FRAMES, INC.**



Principal Place of Business  
**331 HALLANDALE BOULEVARD  
HALLANDALE FL 33009**

Mailing Address  
**331 HALLANDALE BOULEVARD  
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/05/1997**

4. FEI Number  
**65-0800791** Applied For  Not Applicable

5. 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**BOWERS, CONSTANCE N  
16938 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name  
**AMADO A. ORTEGA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**204 NE 10th Ave. Apt. #1**

83

84 City  
**Hallandale** FL 85 Zip Code  
**33009**

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 *[Signature]* DATE **6/16/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>AMADO A. ORTEGA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>AMADO A. ORTEGA</b>	
1.3 STREET ADDRESS	<b>204 NE 10th Ave. #1</b>	
1.4 CITY-ST-ZIP	<b>HALLANDALE, FL. 33009</b>	
2.1 TITLE	<b>VICE - PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PATRICIA ORTEGA</b>	
2.3 STREET ADDRESS	<b>204 NE 10th Ave. #1</b>	
2.4 CITY-ST-ZIP	<b>HALLANDALE, FL. 33009</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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]* DATE **6/16/98** **954** **458-6699**

CR2E034 (10/97)