	PROFIT RPORATION UAL REPORT 1996	Sand Sec	PARTMENT OF STATE dra B Mortham retary of State OF CORPORATIONS		
1. Corporation	MENT # 3760  S LUMBER CO., INC.	03 (0)			
GOINE	.o compen co., INC.				
Principal Place 1400 N W 29 MIAMI FL 33	этн эт	Mailing Address 1400 N W 29TH ST MIAMI FL 33142			EU HIN OLDH BIBN ENGN AIDIR BIBN BIBN 1411 FABI
2 Principal Pl	lace of Business	2a. Mailing Address	7366	3. Date Incorporated or Qualified 01/22/1971	3a. Date of Last Report 03/16/1995
21		28. Mailing Address		4. FEI Number 59-1315464	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9, Name and Address of Cui	Zip  29	Country 30		intangible tax under s 199.032, □ No
		rrent negistered Agent	81 Name	10. Name and Address of New F	Registered Agent
COSTA, LUIS 7340 NW 189TH TERRACE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
MIAMI F			83		
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the above paged corpo	oration submits this statement for the own	
11. Pursuant t or register familiar wit	to the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Florida Statulorida. Such change was authorection 607.0505, Florida Statute	utes, the above named corporation's borders.	oration submits this statement for the pur ard of directors. I hereby accept the app	
SIGNATURE	to the provisions of Sections 607.0: ed agent, or both, in the State of F th, and accept the obligations of, S Signature, tyred or printed name of registered a			oration submits this statement for the purad of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered a OFFICERS.	gont and time if a privable. 1	NOTE Registered Agent signature requir		rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered a OFFICERS .	good and little if applicable. gr	KCTE Registered Agent signature requir  13. 1.1 TITLE	ed wher reinstalling)	rpose of changing its registered office ointment as registered agent. I am
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