

DOCUMENT #		376003	
1. Entity Name			
GUINES LUMBER CO., INC.			
Principal Place of Business		Mailing Address	
1400 N W 29TH ST MIAMI FL 33142		1400 N W 29TH ST MIAMI FLA 33142-6622	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
6. Name and Address of Current Registered Agent			
COSTA, LUIS 7340 NW 169TH TERRACE MIAMI FL		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register:			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		<small>(NOTE: Registered Agent signature required)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12.	
TITLE	VD COSTA, BERTA <input type="checkbox"/> Delete	TITLE	
NAME	COSTA, BERTA	NAME	
STREET ADDRESS	1059 NW 27TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	PD SUAREZ, PEDRO <input type="checkbox"/> Delete	TITLE	
NAME	SUAREZ, PEDRO	NAME	
STREET ADDRESS	4370 SW 3RD STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SIGNATURE: X [Signature] 01/27/00 30563379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)