FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F23320

1. Corporation Name

(7)

AMERICAN BUILDING PRODUCTS, INC.						
C/O MANUEL	h dixie highway L feljoo	Mailing Address 17911 SOUTH DIXIE HIGHWAY C/O MANUEL FEIJOO				
MIAMI FL 331	157	MIAMI FL 33157			3. Date Incorporated or Qualified 02/25/1981	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2091129	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State		Oity & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζ ₍ ρ)	Count 30	гу	This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	legistered Agent
			8	1 Name		
	Manuel Outh dixie highway		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
MIAMI FI			8	3		
			8	4 City		B5 Zip Code
						FL '
or registere familiar witr	ed agent, or both, in the State of Floric n, and accept the obligations of Sect	da. Such change was authorion 607.0505, Florida Statu	ntures, the above orized by the co- ites.	porátion's b	oration submits this statement for the pur pard of directors. I hereby accept the appe	pose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Signature: Typed or protocol name of regulated agost	and the Capacitathic	Celtis Begedere A	and sound visioners	Bred wheel for slaten	EVA16
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	
TITLE	DS	DELETE	1, 1 TIFL	E .		☐ Change ☐ Addition
NAME	FEIJOO, MANUEL		1.2 NAME			
STREET ADDRESS	17911 SOUTH DIXIE HWY		1.3 S1R5	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CiTs			
TITLE	v Tarajano, Jorge A.	☐ DELETE	2 1 11/1			Change Addition
NAME STREET ADDRESS	17911 SOUTH DIXIE HWY		2.2 NAM			
CITY - ST - ZIF	MIAMI FL		2 4 CiTy	ET ADDRESS		
TITLE	We will I be	DELETE	3 1 11/1			Change Add-tion
NAME		-	3.2 NAM			
S!REE! ADDFESS				ET ADDRESS		
CITY-ST-ZIP			34001	-S1-20P		
DILE		☐ DELETE	4 1 TIIL			Change Addition
NAME			4.2 NAM			
STREET ADDRESS			4.3 S1R6	ET ADDRESS		
CITY-S1-ZIP		- DELETT	4.4 CITY			
TIFLE		☐ DELETE	; 5 1 TOL			Change Addition
NAME STREET ADDRESS			5.2 NAM			
CITY - ST - ZIP				ET ADDRESS		
TITLE		DELETE	5 4 CITY 6 1 TITE			Change Addition
NAME			6 2 NAM			□ See As □ Modern
STREET ADDRESS			1	ET ADDRESS		
CITY - ST - ZIP			6.4 CHTY			
certify that I	the information indicated on this annu	ia report or supplemental a ration or the receiver or tru	furnished and do annual report is t isted empowere:	es not qua!f	y for the exemption stated in Section 119 trate and that my signature shall have the this report as required by Chapter 607, Fix	same legal effect as if made under

SIGNATURE:

CHONATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR MANUEL PETJOO

4-25-1996

Diagnosi Process

CR2E034 (12/95)