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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

F37484

(5)

HAPP	Y SCAFFOLDS CORP.						
Principal Place	of Business	Mailing Address				\$ 169(160) 160) 1511 (661) 6165 (614) 6161 6161 6161 6161 6161 6161 6161	
2230 N.W. 8TH AVENUE MIAMI FL 33127		2230 N.W. 8TH AVENUE MIAMI FL 33127					
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1981 04/10/1995	
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For	
21		26	26			59-2072677 Not Applicable	
Suite, Apt. #	i, etc. 7	<u>├</u> ─¬	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
22		City & State					
City & State		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution C Added to Fees	
Zip Country			Zip Cou			This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	⊢¬		Florida Statutes	
	9. Name and Address of Current			[10. Name and Address of New Registered Agent	
				81	Name	e	
MANRESA, FELIX 1211 N.E. 81ST TERRACE				82	Street /	ddress (P.O. Box Number is Not Acceptable)	
	FL 33138			83			
17117 18417	7 2 00 100			84	City	85 Zip Code	
					,	FL	
 Pursuant to or registere familiar wit 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Sta ia. Such change was auth on 607.0505, Florida Statu	itutes, the abo orized by the lites.	corp: ove-r	iamied oc oration's	corporation submits this statement for the purpose of changing its registered office 's board of directors. Thereby accept the appointment as registered agent, I am	
SIGNATURE							
	Signature, typed or printed name of registered agust a OFFICERS AND		(NOTE: Ragistered	i Agen	tsynalure n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD OFFICENS AND	DELETE	1.13	17: F		Change Addition	
NAME	MANRESA, FELIX			1.2 NAME			
STREET ADDRESS	1211 N.E. 81ST TERRACE				ADDRESS	s	
CITY-S1-ZIP	MIAMI FL		1	14 CITY - ST - ZIP			
TITLE	VP	DELETE	2 1 1			Change Addition	
NAME	MANRESA, ROSALINA		2 2 N	AME			
STREET ADDRESS	1211 N.E. 81ST TERRACE		235	TREET	ADDRESS	5	
CITY-ST-ZIP	MIAMI FL 2		240	2 4 CITY - ST - ZIP			
TITLE	ST	☐ DEFE1E	3 11	FITL E	,	Change Addition	
NAME	MANRESA, VICTOR		3 2 N	AME	,		
STREET ADDRESS	1025 W. 77TH ST., APT.H		333	STHEET	ADORESS	is	
CITY-ST-ZIP	HIALEAH FL	ET priese		IIY-S	I - ZIP	Change C Addition	
TITLE		☐ DELETE	4.1			Change Addition	
NAME				EMAI			
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CITY-ST-ZIP					T - Z IP	Change Addition	
TITLE		□ pecen	5 1 ⁻ 52 N				
NAME OZOSCI ADDOSCO					ADDRESS	ξ	
STREET ADDRESS						`	
CITY-ST-ZIP TITLE				4 CITY-SY-7iP		Change Addition	
NAME		<u></u>	621				
STREET ADDRESS					ADDRESS	s	
CITY-ST-ZIP					T- 2 IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 logal 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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