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

	1	9	9	6

SIGNATURE:

DOCUMENT #

G81717

(2)

R & F	r Building Materials, I	NC.							
Principal Place	of Business	Mailing Address							1 9 30 01011 01014 1091
2552 W. 3RD CT. 2552 W. 3RD CT. HIALEAH FL 33010 HIALEAH FL 33010)							
						3. Date Incorporated or Qualified 11/15/1983		of Last F	•
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	.L		Applied For
21		26				59-2340989			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required		
City & State		City & State		,		6. Election Campaign Financing			May Be
Z ip			ł		Trust Fund Contribution			d to Fees	
	Country 25	29					on has liability for intangible tax under s 199.032, es		
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered .	Agent	
				81	Name				
), rene enrique			62	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		·····
	ST 55TH STREET								
HIALEA	NH FL 33012			83					
				84	City		FL	85 2	p Code
11. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	ites, the abo	ove-n	amed corporat	ion submits this statement for the pur		naina its i	registered office
or registere	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was author	ized by the :	corpo	ration's board	of directors. I hereby accept the appoint	ointment as	registered	j agent. I am
SIGNATURE			30.						
SIGNATORE	Signature, typed or printed name of registered agent		NOTE: Registered	l Agent	signature required v	vhen reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			<u></u>
TITLE	D PHENO DENE ENDIQUE	☐ DELETE	1.11				Ļ] Change	Addition
NAME STREET ADDRESS	BUENO, RENE ENRIQUE 1325 WEST 41 STREET		1.2 N		ADDRESS				
CITY-SI-ZIP	HIALEAH FL			ITY-SI					
TILE	D	☐ DELETE	2 1 1		1-214		Γ) Change	Addition
NAME	BUENO, RENE ERNESTO	_	22 N	AME				_	
STREET ADDRESS	85 WEST 55 STREET		235	TREET	ADDRESS				
CITY - ST - ZIP	HIALEAH FL		240	ITY-Si	r-ZIP				
TITLE		☐ DELETE	3 11	ITLE			ַ] Change	Addition
NAME			32 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	34 C 4.11	ITY - ST	- ZIP			7 Change	Addition
NAME		- Detect	42 N				L	_ onenge	
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP				ITY-ST					
TITLE		☐ DELETE	5 11					Change	Addition
NAME			52 N	AME					
STREET ADDRESS			538	TREET	ADDRESS				
CITY - ST - ZIP		— — — — — — — — — — — — — — — — — — —		ITY-ST	F-ZIP	<u> </u>	<u>-</u> _		
TITLE		☐ DELETE	6 1 1				[.] Change	☐ Addition
NAME			62 N		4000000				
STREET ADDRESS					ADDRESS				
14. I do hereby	certify that the information supplied	with this filing is voluntarily fur		does		the exemption stated in Section 119	07(3)(k). Flo	rida Stat r	tes. I further
certify that oath; that I appears in	the information indicated on this aim am an officer or director of the corpo Block 12 or Block 13 if changed, or i	ual report or supplemental an oration or the receiver or trust on an attachment with an acc	inual report tee empowe dress.	is trui red to	e and accurate o execute this	the exemption stated in Section 119, and that my signature shall have the report as required by Chapter 607, File	same legal orida Statuti	effect as i es; and th	f made under at my name

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR