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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J28776 (9)**

1. Corporation Name:
G&R WOODWORK INC.

Principal Place of Business: **509 W. 28TH ST. HIALEAH FL 33010**

Mailing Address: **509 W. 28TH ST. HIALEAH FL 33010**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25**

29. Country: **30**

3. Date Incorporated or Qualified: **08/13/1986**

3a. Date of Last Report: **07/26/1994**

4. FEI Number: **59-2710938**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 197.001, Florida Statute: Yes No

9. Name and Address of Current Registered Agent

**GONZALEZ, PEDRO
509 W 28TH STREET
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83:

84 City:


FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.001 and 607.003, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to its registered office located in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the duties imposed by Section 607.001, Florida Statutes.

SIGNATURE: _____ NAME OF REGISTERED AGENT: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|--|--|
| 1. NAME | PD GONZALEZ, PEDRO | 1. NAME | |
| 2. STREET ADDRESS | 18120 N.W. 52ND AVE. | 2. STREET ADDRESS | |
| 3. CITY | MIAMI FL | 3. CITY | |
| 4. NAME | | 4. NAME | |
| 5. STREET ADDRESS | | 5. STREET ADDRESS | |
| 6. CITY | | 6. CITY | |
| 7. NAME | | 7. NAME | |
| 8. STREET ADDRESS | | 8. STREET ADDRESS | |
| 9. CITY | | 9. CITY | |
| 10. NAME | | 10. NAME | |
| 11. STREET ADDRESS | | 11. STREET ADDRESS | |
| 12. CITY | | 12. CITY | |
| 13. NAME | | 13. NAME | |
| 14. STREET ADDRESS | | 14. STREET ADDRESS | |
| 15. CITY | | 15. CITY | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.001, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal 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 on Block 1, or Block 10, of this report as an attachment with an address.

SIGNATURE:  **Pedro Gonzalez**

4-25-95 (205) 884-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR