## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

\* PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # K28181**

ACAPULCO PLASTERS AND STUCCO, INC.

	of Business	Mailing Address							
16302 CARLTON LAKE RD LITHIA FL 33547		16302 CARLTON LAKE RD LITHIA FL 33547							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/01/1988			
a Principal Pl	ace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number		App	olied For
	ace of Business	26				59-2899888		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	1
<b>—</b>	.,	27				5. Certifcate of Status Desired		Fee Red	quired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the currer	nt year Intar	ngible	
24	25	29	30	·		Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Re	gistered A	gent	
				81	Name				
	DOVAL, CARLOS & GRACIELA			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
16302 CARLTON LAKE RD						2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3. 9.81 1.		15 (1 Sièle 17è)
LITH	IA FL 33547			83		1967年 - 西斯斯斯 (1964年) 14. 日本文化学 (1964年)			
				84	City		FL	85 Zip C	ode
						- Alexander		hansing its	societored
	to the provisions of Sections 607.050				-named corp he corporation	ion's board of directors. I hereby accept	the appoint	ment as req	gistered
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga				-named corp he corporation	on's board of directors. I hereby accept	the appoint	ment as req	gistered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Sta	tutes.	no oorporani			ment as rec	gistered
office of reagent. I a	egistered agent, or both, in the state m familiar with, and accept the obligations of the state	ations of, Section 607.0505, F	lorida Sta	tutes.	no oorporani	ed when reinstating)	DATE		
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, F  ent and title if applicable. (NO	lorida Sta	d Agent	no oorporani	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE		
office or ragent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, F	Iorida Stal	d Agent	no oorporani	ed when reinstating)	DATE	DIRECTO	RS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the state m familiar with, and accept the obligation of registered age OFFICERS AI PD SANDOVAL, CARLOS	ations of, Section 607.0505, F  ent and title if applicable. (NO	TE: Registere 13.	d Agent	signature require	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the state m familiar with, and accept the obligation of	ations of, Section 607.0505, F  ent and title if applicable. (NO	TE: Registere  13. 1.1 T  1.2 N  1.3 S	d Agent TITLE	signature require	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the state m familiar with, and accept the obligation of	ations of, Section 607.0505, F ont and the fi applicable. (NO ND DIRECTORS	TE: Registere  13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent TITLE HAME STREET	signature require	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO	RS IN 12
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the state m familiar with, and accept the obligation of familiar with a second of familiar with	ations of, Section 607.0505, F  ent and title if applicable. (NO	TE: Registere  13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	d Agent TILE NAME STREET	signature require	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the complete the obligation of familiar with a complete the obligat	ations of, Section 607.0505, F ont and the fi applicable. (NO ND DIRECTORS	TE: Registere  13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	d Agent TILE HAME CITY-ST-	signature require	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO	RS IN 12
office or ragent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS.  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS.	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the obligation of famil	ations of, Section 607.0505, F ont and the fi applicable. (NO ND DIRECTORS	13. 1.17 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S	d Agent TITLE HAME STREET / DITY-ST- TITLE HAME	ADDRESS ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO	RS IN 12
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the complete the obligation of familiar with a complete the obligat	ations of, Section 607.0505, F ont and the fi applicable. (NO ND DIRECTORS	TE: Registere  13. 1.11 12. 1.35 1.4. 2.11 2.2. 2.35 2.4	d Agent TILE HAME CITY-ST-	ADDRESS ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the obligation of famil	ations of, Section 607.0505, F  ont and this if applicable. (NO  ND DIRECTORS  DELETE	TE: Registere  13. 1.11 12.N 1.35 1.4.6 2.11 2.2.N 2.35 2.44	d Agent TILE IAME STREET OTTY- ST- OTTLE IAME STREET OTTLE IAME CITY- ST	ADDRESS ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the obligation of famil	ations of, Section 607.0505, F  ont and this if applicable. (NO  ND DIRECTORS  DELETE	TE: Registere  13. 1.11 12. 1.35 1.46 2.11 2.21 2.35 2.41 3.11 3.21	d Agent TITLE HAME STREET / DITLE HAME GITY-ST- DITLE HAME GITY-ST FITLE HAME	ADDRESS ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the obligation of famil	ations of, Section 607.0505, F  ont and this if applicable. (NO  ND DIRECTORS  DELETE	TE: Registere  13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S	d Agent TITLE HAME STREET / DITLE HAME GITY-ST- DITLE HAME GITY-ST FITLE HAME	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the obligation of famil	ations of, Section 607.0505, F  ont and this if applicable. (NO  ND DIRECTORS  DELETE	TE: Registere  13. 1.11 12. 1.35 1.46 2.11 2.2. 2.35 2.4 3.11 3.2. 3.34	d Agent TITLE HAME STREET / CITY-ST- TITLE HAME STREET / CITY-ST- TITLE HAME STREET / CITY-ST	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a complete the obligation of famil	ations of, Section 607.0505, F  int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 4 3.17 3.2 N 3.3 S 3.4 A 4.1	Adagent TITLE TITL	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AI  PD  SANDOVAL, CARLOS  RT 1 BOX 685  LITHIA FL  VD  SANDOVAL, GRACIELA  RT 1 BOX 685  LITHIA FL	ations of, Section 607.0505, F  int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.17 1.2N 1.3S 1.4C 2.17 2.21 2.3S 2.44 3.11 3.21 3.3S 3.4. 4.11 4.2	ITTLE ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AI  PD  SANDOVAL, CARLOS  RT 1 BOX 685  LITHIA FL  VD  SANDOVAL, GRACIELA  RT 1 BOX 685  LITHIA FL	ations of, Section 607.0505, F  int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.17 1.2N 1.3S 1.4C 2.11 2.21 2.3S 2.44 3.11 3.21 3.3S 3.4. 4.11 4.2 4.3S	ITTLE ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AI  PD  SANDOVAL, CARLOS  RT 1 BOX 685  LITHIA FL  VD  SANDOVAL, GRACIELA  RT 1 BOX 685  LITHIA FL	ations of, Section 607.0505, F  int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.17 1.2N 1.3S 1.4C 2.11 2.21 2.3S 2.44 3.11 3.21 3.3S 3.4. 4.11 4.2 4.3S 4.44	d Agent TITLE IAME TITLE IAME TITLE IAME STREET ITTLE IAME STREET ITTLE IAME STREET ITTLE IAME STREET ITTLE IAME STREET IAME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AI  PD  SANDOVAL, CARLOS  RT 1 BOX 685  LITHIA FL  VD  SANDOVAL, GRACIELA  RT 1 BOX 685  LITHIA FL	ations of, Section 607.0505, F  Int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 4 3.17 3.2 N 3.4 .4 1 4.2 4.3 S 4.4 0 5.1 1	ITTLE  IAME STREET / ITTLE  VAME STREET / ITTLE  VA	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar	ations of, Section 607.0505, F  Int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.1 1 3.2 N 3.4 S 4.4 S 5.1 S 5.2 S 4.4 S 5.1 S 5.2 S 6.3 S 6.4 S 6.4 S 6.5 S 6	ITTLE  AME  STREET /  TITLE  VAME  STREET /  S	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ed when reinstating):  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation of familiar	ations of, Section 607.0505, F  Int and title if applicable. (NO  ND DIRECTORS  DELETE  DELETE	TE: Registere  13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 4 3.11 3.2 N 3.3 S 3.4 . 4.11 4.2 L 4.3 S 4.4 S 5.1 S 5.2 S 5.3 S 5.3 S 6.3	ITTLE  AME  STREET /  TITLE  VAME  STREET /  S	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ed when reinstating):  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90012 042 \*\*\*150.00

☐ Change

☐ Addition