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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DOCUMENT # K88841

1. Corporation Name FAST REMODELING CORPORATION

Secretary of State DIVISION OF CORPORATIONS 02-19-1999 90050 024 ***150.00

FILED

Feb 19, 1999 8:00am

FAST REMO	DELING CORPORATION							
Principal Place of Business C/O BIENVENIDO C. DIAZ 220 N.W. 57TH COURT MIAMI FL 33126		Mailing Address C/O BIENVENIDO C. DIAZ 220 N.W. 57TH COURT MIAMI FL 33126			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/11/1989 Applied For			
		2a. Mailing Address			4. FEI Number 65-0117776		Not Ap	
2. Principal Place	e of Business	26					\$8.75 Addit	
21		Suite, Apt. #, etc.			5. Certifcate of Status Desired			
Suite, Apt. #,	etc.	27			6. Election Campaign Financing		\$5.00 May Added to Fo	ees
City & State		City & State			Trust Fund Contribution			
			Cour	ntry	8. This corporation owes the curre	ent year int	angiole V∏Yes □	No
Zip	Country	Zip	30					
:	25	29	1201		10. Name and Address of New R	.09.00	1	
24]	9. Name and Address of Curren	it Registered Agent		81 Name				
				82 Street Add	iress (P.O. Box Number is Not Accepta	able)		
DIAZ,	BIENVENIDO C.							
220 N	.W. 57TH COURT			83			85 Zip Co	de
MIAM	FL 33126			84 City		FI	1 1	1
					rporation submits this statement for the stateme			gistered
		02 and 607 1508, Florida Stat	tutes, the a	above-named co	rporation submits this statement in statement in the stat	pt the app	ointment as regi-	, iciou
	o the provisions of Sections 607.03	of Florida Such change was	s authorize	d by the corport	•••			ì
11. Pursuant t	spictored agent, or both, in the State	Coction 607 0505. F	Florida Sta	itutes.			_	i
office or re agent. I an	egistered agent, or both, in the Grand in familiar with, and accept the oblig	Janons on Torn				DATE		
agent. I an	n familiar with, and accept the oblig		OTE: Registere	ed Agent signature req		DATE	AND DIRECTOR	S IN 12
agent. I an	n familiar with, and accept the oblig	gent and title if applicable. (NC	OTE: Registere	ed Agent signature req		DATE		S IN 12
agent. I an SIGNATURE	n familiar with, and accept the oblig Signature, typed or printed name of registered ac OFFICERS A		OTE: Registere	ed Agent signature req		DATE	AND DIRECTOR	S IN 12
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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 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 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 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 in 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 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 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 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 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 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 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 supplied with the inf