Charter # Only

M01320

Thomas D Torres

Requestor's Name

6950 nw 186 St

Address

Hialeah Fla. 33015. 556-8990

City State ZIP Phone #

VALIDATION ONLY

[illegible] 4
[illegible] 5
[illegible] 6
[illegible] 3
066 9045 6/12/84 63.00 TL

300305551523

CORPORATION(S) NAME

IMPERIAL Dry WALL, INC

( ) PROFIT
( ) NON-PROFIT ( ) AMENDMENT ( ) MERGER

( ) FOREIGN ( ) DISSOLUTION ( ) MARK

( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT ( ) RESERVATION
( ) REINSTATEMENT ( ) OTHER

( ) CERTIFIED COPY ( ) PHOTO COPIES ( ) CERTIFICATE UNDER SEAL

( ) WALK IN ( ) WILL WAIT ( ) PICK UP ( ) MAIL OUT ( ) CALL ( ) AFTER 4:30

Name Availability	
Document Examiner	
Updater	CRM
Verifyer	CRM
Acknowledgment	6/6/84
W.P. Verifyer	

CORP. 103 (6/82)

C. TAX
FILING $30
C. COPY 15
R. AGENT 15
TOTAL 3
BALANCE DUE $ $60
REFUND $

M01320

ARTICLES OF INCORPORATION

A. Name: IMPERIAL DRYWALL, INC.

B. Duration of Corporation: PERPETUAL

C. General Purpose: Drywall Service

D. Aggregate Number of Shares: 100

1. Class -- Common Stock
2. Par Value -- $1.00

E. Principal Street Address of Corporation: 57 E. 47 Street
Hialeah, Fl. 33013

F. Registered Agent: THOMAS D. TORRES
57 E. 47 Street
Hialeah, Fl. 33013

G. Number of Directors: Three (3)

1. President -- THOMAS D. TORRES
57 E. 47 Street
Hialeah, Fl. 33013

2. Vice President -- VICTORIA DWYER TORRES
57 E. 47 Street
Hialeah, Fl. 33013

3. Secretary & Treasurer -- MAYRA DWYER
19720 N.W. 44 Avenue
Carol City, Fl. 33054

E. Incorporator: THOMAS D. TORRES

Address: 6950 N.W. 186 Street, #215
Hialeah, Florida 33015

Thomas D Torres

Sworn before me this 4th day of June 1984

Notary Public, State of Florida
My Commission Expires Dec. 22, 1985

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION

ANNUAL REPORT

1985

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1985 AUG -6 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

M01320 4
IMPERIAL DRYWALL, INC.
57 E. 47 STREET
HIALEAH, FL. 33013

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address or Principal Office, P.O. Box Number or Attention if NOT Sufficient

Street Address 21: 10850 W 14 Court Rd

P.O. Box No. 22:

City and State 23: Hialeah Florida

Zip Code 24: 33014

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1984

4. Federal Employer Identification Number (FEIN): 59-2473700

5. Date of Last Report:

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984

Name of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City, State and Zip Code 4
TORRES, THOMAS D.	P/D	57 E. 47 ST.	HIALEAH, FL.
TORRES, VICTORIA DWYER	V/D	57 E. 47 ST.	HIALEAH, FL.
DWYER, MAYRA	S/T/D	19720 NW 44 AVE.	CAROL CITY, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

TORRES, THOMAS D.
57 E. 47 STREET
HIALEAH, FL. 33013

8. Name and Address of New Registered Agent

Name 81: N/A

Street Address (Do NOT Use P.O. Box Number) 82:

City and State 83:

Zip Code 84:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
Such change was authorized by resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6).

Signature	Date
Victoria Dwyer Torres	7/28/85

Typed Name of Signing Officer	Title	Telephone Number
Victoria Dwyer Torres	Vice President	556-8992

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 additional fee required for a Certificate of Status

CR2C.034 (7/85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice And Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

M01320 4
IMPERIAL DRYWALL, INC.
6850 W. 14 COURT 21C
HIALEAH, FL. 33014

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

1780 WEST 49 STREET, Ste 301
Street Address 21

P.O. Box No 22

Hialeah, Florida
City and State 23

33012
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
06/04/1984	59-2478670	08/06/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
TORRES, THOMAS D.	P/D	57 E. 47 ST.	HIALEAH, FL.
TORRES, VICTORIA DWYER	V/D	57 E. 47 ST.	HIALEAH, FL.
DWYER, MAYRA	S/T/D	19720 NW 44 AVE.	CAROL CITY, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

TORRES, THOMAS D.
57 E. 47 STREET
HIALEAH, FL. 33013

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83 FL.

Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

CR2E034 (1/86)

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6).

Signature	Date
Victoria Dwyer Torres	4-5-86
Typed Name of Signing Officer	**Title**	**Telephone Number**
Victoria Dwyer Torres	Vice President	825-6122

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$7 Additional Fee required for a Certificate of Status