Mailing Address

P.O. BOX 440632

MIAMI FL 33144

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M35605

1. Corporation Name

Principal Place of Business

P.O. BOX 440632

MIAMI FL 33144

CAPITAL LUMBER & BUILDING MATERIALS, INC.

| | | | | | 3. Date ir corporated or Qualifed | | |
|--|--------------------------------------|---------------------------------|-----------------|----------------------------------|---|----------------|------------|
| | | | | | 07/23/1986 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | App | ied For |
| _ | | 26 | | | 59-2696654 | Not | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | / | \$8.75 A | dditional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Red | quired | |
| City & State | | City & State | | | 6. Electio Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year in | tangible | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | Yes | [⊒No |
| 1 | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| | | | | Name | | | |
| DIAZ, FRANK | | | 82 | Stroot Acde | ress (P.O. Box Number is Not Acceptable) | | |
| 7575 W. FLAGLER STREET (OCEAN BANKK | | | 62 | Sileel Acui | ress (1.0. box ramber is not neceptable) | | |
| MIAMI FL 33132 | | | 83 | | | | |
| | | | 84 | City | | 85 Zip C | ode |
| | | | | , | FI | _ `` | ì |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the approintment as registered | | | | | | | |
| office cre | opietorod agent or both in the State | rf Florida. Such change was 3∪H | horized by | the corporate | ion's board of directors, I hereby accept the apt c | antment as reg | y stered |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATUFE SIgnature, typed or printed na ne of registered agent and title if applicable. (NOT :: Registered Age | | | | | | | |
| 12. | OFFICERS AN | I() DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | PSD | ☐ OELETE | 1,1 TITLE | | | Change | Addition |
| NAME | BARRERO, ROLANDO | | 1.2 NAME | | | | |
| STREET ADDRESS | 8935 S.W. 56 TERR. | | 1.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | BARRERO, JUSTO | | 22 NAME | | | | |
| STREET ADDRESS | 1775 W. 59TH STREET | | 2.3 STREE | T ADDRESS | | | ľ |
| CITY-ST-ZIP | HIALEAH FL | | 2. 4 CITY-5 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRESS | | | 4 3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 51 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | } |
| STREET ADDRESS | | | 53 STREE | T ADORESS | | |) |
| CITY-ST-ZIP | | | 5.4 CITY- S | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| STREET ADDRESS | | | | 1 | | | I |

6.4 CITY-ST-ZIP

14. Therety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 signal re shall have it e 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

4/23/99 Date

305-471-0985

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90193 003 ***158.75

DO NOT WRITE IN THIS SPACE