FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT#** MOOH 1. Corporation Name MIGUEL PEREZ DRY WALL FINISH CURT. Principal Place of Business 3101 5, W. 132 PLACE SAME DO NOT WRITE IN THIS SPACE MIAMI, FL 33175 2. Principal Place of Business 2a. Malling Address 4. FEI Numbe Applied For 3101 S.W. Not Applicable Sulte, Apt. #, etc Suite, Apt.#, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be MIAMI Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes or has paid the current year intangible 33115 USA 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MIGUEL PEREZ 3101 S.W. 132 PLACE MIAMI, FL 33175 Street Address (P.O. Box Number is Not Acceptable) 82 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 appointment as registered ettent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. CR2E034 (10/97) PRESIDE NOT TITLE 1.1 TITLE Change Addition MIGNEL PEREZ 3101 S.W. 130 PL NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33175 CITY - ST - ZIP MIAMI FL 1.4 CITY - ST - ZIP SECRETARY TREASURA DELETE NUBIA F. HERE Z TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 310/ 5.W. 130 PLACE MIAMI FL 33/75 STREET ADDRESS 2.3 STREET ADDRESS OTY - ST - ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 5.1 TITLE DELETE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP 2000025343 TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS -05/26/98--01007--033 -ST-ZIP | 6.4 CITY-ST-ZIP | *** 150 | 10 | | 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 CITY . ST . ZIP 6.4 CITY - ST - ZIP

305) 270-088**8**

my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR