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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90015 041 ***150.00

PACIFIC	BUILDING & SUPPLIES, C	ORP.					
Principal Place	e of Business	Mailing Address				un exeu orace bien bran e	1811 B(B() 1881
18200 WEST OKEECHOBEE RD P O BOX 126397							
HIALEAH FL 33018 HIALEAH FL 33012					DO NOT WRITE IN THIS SPACE		
US		US			3. Date incorporated or Qualifed	IN THIS SPACE	
					02/05/1988		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	add of business	26			65-0024876		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	•	27 City 8 Ctarto					
City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	•
Zip	Country	Zip	Country		8. This corporation owes the current		7.000
24	25		30		Personal Property Tax.		□No
24	9. Name and Address of Currer				10. Name and Address of New Reg	istered Agent	
POD	DICHEZ ANTONIO		81	Name			
RODRIGUEZ, ANTONIO 6010 SW 148 AVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33330			83				
			84	City		FL 85 Zip C	ode
44 Bussiant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	e-named ca	orporation submits this statement for the pur	pose of changing its	registered
-ff	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	nonzan nv	the cornor	ration's board of directors. I hereby accept the	ie appointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Ager	nt signature req	quired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PS	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	THOUSE THE THOUSE		1.2 NAME				i i
STREET ADDRESS	6010 SW 148 AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			- Addition
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	RODRIGUEZ, LOURDES		2.2 NAME				
STREET ADDRESS	30.0 0.1 7.0 7.1.2		2.3 STREET	j			!
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE	* * *		3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE			3.4. CITY-5	11-2112		☐ Change	☐ Addition
NAME	_		4. 2 NAME			_ ,	_
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ŀ			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
OTOCCT ADDDCCOO	1		6.3 STREE	ADDRESS			

CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: >

Daytime Phone #