

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69992 (9)

1. Corporation Name

DADE LUMBER, INC.



Principal Place of Business

**9925 N.W. 7TH AVE.
MIAMI FL 33150**

Mailing Address

**9925 N.W. 7TH AVE.
MIAMI FL 33150**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LAMADRID, PEDRO F.
13821 S.W. 109TH STREET
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Tax Representative

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LAMADRID, PEDRO F.	
STREET ADDRESS	13821 S.W. 109TH STREET	
CITY, ST, ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	LAMADRID, ADRIENNE C.	
STREET ADDRESS	13821 S.W. 109TH STREET	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	LAMADRID, VIRILIO	
STREET ADDRESS	2700 S.W. 117TH COURT	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	LAMADRID, FRANCISCA M.	
STREET ADDRESS	2700 S.W. 117TH COURT	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

1. TITLE	
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 or change or addition with an address.

SIGNATURE: Pedro F. Lamadrid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-756-6430
Toll Free

CR2E034 (12/95)