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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200008118 (1)

**DURAN HOME IMPROVEMENT, INC** 

Principal Place of Business Mailing Address 7945 NW 170 TERR 7945 NW 170 TERR					1				
HIALEAH FL 33015		7945 NW 170 TERH HIALEAH FL 33015-3811				and the same of th	Special Special Control	* * * .	
						3. Date Incorporated or Qualified 11/23/1992	3a. Date 03/15		
2. Principal I	Prace of Business	2a. Mailing Address				4. FEI Number	1		oplied For
21		26	<del> </del>			65-0381385			ot Applicable
Suite, Apt 22		Suite, Apt. #, etc.	······			5. Certificate of Status Desired			Additional equired
City & Sta 23	4e	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zφ	Country	Zip		untry	1	8. This corporation has liability for it			. 199.032,
24	25	[29]	30	T			Yes 🔲		
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Reg	jistered Ag	ent	
	RAN, FERNANDO			0,	name				
	IS NW 170 TERR LEAH FL 33015			82	Street Addr	ess (P.O. Box Number is Not Acceptab	e)		
				83					
				84	City		FL	<b>85</b> Zip	Code
office or agent 1: SIGNATURE	to the provisions of Soctions 607.05 registered agent, or both, in the Stalem lamiliar with, and accept the obli-	te of Florida. Such change was gations of, Section 607 0505, F	authoriz€ lorida Sta	tute:	y the corporati s	oration submits this statement for the p ion's board of directors. I hereby accep ed when reinstating)	t the appoin	anging it tment as	is registered registered
12.		ND DIRECTORS	13.	ea Age	ant signature requiri	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND D	RECTOF	RS IN 12
TITLE	PD	☐ DELETE	1.1 T	ITLE				Change	Addition
NAME	DURAN, FERNANDO		1,2 N	IAME.					
STREET ADDRESS	7945 NW 170 TERR		1.3 \$	TREET	I ADDRESS				
CiTY+ST-ZIP	HIALEAH FL 33015		1,4 0	ITY - 5	ST-ZIP				
11"LE		☐ DELETE	2.1 T	ITLE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$	TREET	r address				
C:TY - ST - ZIP		T on the			ST-ZIP			1	
TI*( f		☐ DELETE	3.1 ₹					Change	Addition
NAME			3.2 N						
STREET ADDRESS					T ADDRESS				
CHY-ST-ZIP TITLE		DELETE	3.4. ( 4.1 T		ST~ZIP			Change	Addition
NAME		L. OLCUIC		NAME			<u> </u>	Loughlige	Audition
STREET ACCRESS  OHY-S*-ZIP					T ADDRESS ST-ZIP				
THILE		DELETE	5.1 I		>1 - 4N.		Γ.	Change	Addition
NAME				IAME					
STREET ACCRESS					T ADDRESS				
CiTy - S* - ZiP					ST-ZIP				
TITLE		DELETE	6.1 T					Change	Addition
NAME			6.2 N				_	-	
STREET ACCURESS					T ADDRESS				
CITY-ST-ZIP					ST · ZIP				
	by certify that the information suppl	ied with this filing does not qua				in Section 119.07(3)(i), Florida Statutes	. I further co	ertify that	the

In order some manager supplies with 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. SIGNATURE:

**FILED** 

Jan 27 1997 8:00am

Secretary of State