FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE land I was been too Sandra B. Mortham Secretary of State 97 DEC -5 AM 9: 31 DIVISION OF CORPORATIONS DOCUMENT # P94000008209 SECRETARY OF STATE TALLAHASSEE, FLORIDA V. D. I DRYWALL, INC Principal Place of Business 5 au 57bh Lf. iomi, 91. 35/93 3a. Date of Last Report 3. Date Incorporated or Qualified 147 02/02/94 2a, Mailing Address Applied For 2. Principal Place of Business 25-046 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Ζφ Zip Country 8. This corporation has liability for intangible tax under s 199.032 Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ₿2 Street Address (P.O. Box Number is Not Acceptable) 000002369450---8 83 -12/11/97--01056--001 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sphalture, typed or printed nancrol registered agent and title if approach to ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. KILLY Rodrigues. 15415 SW STER St. 117/110 Change Addition TITLE 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS Miami, F1. 33153 14 C/1Y - S1-7IP CITY-ST-ZIP DELFTE Change Addition TITLE 21 Till E 22 NAME NAME INN LEYURY 23 STREET ADDRESS STREET ADDRESS 2 4 CHY-\$1-7IP CITY-S1-ZIP DELETE Addition 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - \$1 - ZIP CITY-S1-ZIP DELETE 4.1.1111.6 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C-1Y - S1 - ZIP CITY ST. 7IP Change Addition DELETE. 5.1.1011€ TITLE NATE 5.2 NAMa 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADORESS STREET ADDRESS 14. I do hereby certify that the information supplied with this fit ing 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 of chapted, or on an attachment with an address.

SIGNATURE



## DRU D. LASHBROOK & ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNTANTS

Member of the Florida Institute of Certified Public Accountants 4481 Stirling Road Fort Lauderdele, Florida 83314 Telephone: (954) 581-8112 Fax: (954) 581-2554

November 13, 1997

Dru D. Lushbrook, CPA Brian H. Wollard, CPA

Florida Department of State
Division of Corporations
Attention: Trevor Brumbley
P.O. Box 6327
Tallahassee, FL 32314

Re: Adolfo M. Vilasuso, P.A. -- Ref. #F44152

Dear Mr. Brumbley,

The above referenced corporation has received Notice of Administrative Dissolution, which is not applicable to this entity.

The original corporate annual report was mailed to the state, prior to May 1. We are very concerned about not receiving an acknowledgment of receipt of the original. We believe the entity has filed in a timely manner.

We are prepared to correct any mix ups there may have been, however, a fee of \$585.00 is "big" compared to a small business. Please consider our request for waiving the reinstatement fee and/or reducing it. Thank you for help with this matter.

Sincerely,

Dru D. Lashbrook

DDL/kd Enc.