

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

file
 RECEIVED
 DEC 23 AM 8:40
 OFFICE OF CONSUMER PROTECTION
 1st
 JX!

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN Will Pick Up *12/23 12:06*

RE: *Quark metal Studs, Inc.*

No. 53620

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		

400802835784 B
 Name Reservation -12/23/96-01009-014
 Annual Report/Reinstatement ***157.50 *****35.00
 Reg. Agent Service
 Document Filing

Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval

UCC 1 or 3 File
 UCC 11 Search
 UCC 11 Retrieval
 File No.'s, _____ Copies
 Courier Service
 Shipping/Handling
 Phone ()
 Top Priority
 Express Mail Prep.
 FAX () pgs.

EFFECTIVE DATE
12/31/96

RECEIVED
 DEC 23 PM 3:27
 TALLAHASSEE, FLORIDA
 FILED

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

N. HENDRICKS DEC. 23 1996

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

EFFECTIVE DATE

12/31/96

ARTICLES OF DISSOLUTION

OF

DUARTE METAL STUDS, INC.

FILED

96 DEC 23 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403 of the Florida Corporation Act of Florida, the undersigned Corporation adopts these Articles of Dissolution.

ARTICLE ONE

The name of the Corporation is Duarte Metal Studs, Inc.

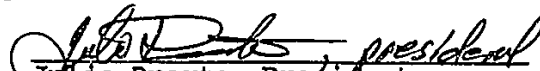
ARTICLE TWO

Dissolution of the Corporation was authorized on December 17, 1996.

ARTICLE THREE

The number of votes cast by the shareholders for dissolution was sufficient for approval.

Effective Date: December 31, 1996


Julio Duarte, President,
Secretary and sole shareholder

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

APPROVED
AND
FILED

96 DEC 24 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED 1996

DOCUMENT # P94000013522

1. Corporation Name

A.F.S. Investment and Management Corp. Inc.
3775 Poinciana Ave.
Coconut Grove, Fla. 33133

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
02/15/94

3a. Date of Last Report

2. Principal Place of Business
21 2800 S.W. 4th Street

2a. Mailing Address

4. FEI Number

650481280

Applied For
Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

Miami, Fl.

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip 33135

25 Country Dade

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Allen Zeller
2149 S.W. 30th Ct.
Miami, Fl. 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Augusto F. Sanchez
2800 S.W. 4th St. Miami, 33135

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
200002042052--5
-12/31/96--01051--003
*****61.25 *****61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Augusto F. Sanchez
2800 S.W. 4th St. Miami, 33135

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
John W. Campbell
3775 Poinciana Ave Miami, 33135

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Treasurer
Augusto F. Sanchez
2800 S.W. 4th St. Miami, Fl 33135

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
John W. Campbell
3775 Poinciana Ave Miami 33133

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Secretary
Augusto F. Sanchez
2800 S.W. 4th St. Miami, 33135

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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 817, Florida Statutes, and that 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

Date

Daytime Phone #

CR2E034 (3/96)