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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000026708 (5)

Corporation Name
L. & M. PLASTERING ENTERPRISES, INC.

Principal Place of Business

6960 NW 186TH ST.
SUITE 419
MIAMI FL 33015

Mailing Address

6960 NW 186TH ST.
SUITE 419
MIAMI FL 33015-3207



3. Date Incorporated or Qualified
04/07/1994
3a. Date of Last Report
09/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0481192		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

MORENO, LUIS
6960 NW 186TH ST.
SUITE 419
MIAMI FL 33015

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
FL 65 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	7220 N.W. 179TH ST. #208	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
CITY- ST- ZIP	MIAMI FL 33015	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
STREET ADDRESS	2810 N.W. 87TH TERRACE	3.1 TITLE	3.2 NAME
CITY- ST- ZIP	MIAMI FL 33147	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
CITY- ST- ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY- ST- ZIP		6.3 STREET ADDRESS	6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

(Signature)

3-12-97 (305) 820-3390

CR2E034 (9/96)