



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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000026708 (5)</b> 1. Corporation Name <b>L. &amp; M. PLASTERING ENTERPRISES, INC.</b>					
Principal Place of Business <b>6900 NW 188TH ST. SUITE 419 MIAMI FL 33015</b>			Mailing Address <b>6900 NW 188TH ST. SUITE 419 MIAMI FL 33015</b>		
2. Principal Place of Business 21 <b>5852 NW 199 st.</b> 22 Suite, Apt. #, etc. 23 <b>Miami FL.</b> 24 <b>33015</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>5852 NW 199 st</b> 27 Suite, Apt. #, etc. 28 <b>Miami FL.</b> 29 <b>33015</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>04/07/1994</b> 4. FEI Number <b>65-0481192</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MORENO, LUIS 6900 NW 188TH ST. SUITE 419 MIAMI FL 33015</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE <b>D MORENO, LUIS 7220 N.W. 170TH ST. #208 MIAMI FL 33015</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE <b>D ORTIZ, MANUEL 2810 N.W. 87TH TERRACE MIAMI FL 33147</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE <b>I</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5852 NW 199 st. Miami FL 33015</b>			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<b>Henry Torres D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8015 NW 8th. street. apt. 103 Miami FL 33126</b>			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I 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:  <b>Luis Moreno Plas.</b>					

CR2E034 (10/97)