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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

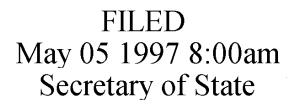
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400058970 (2)

ALL SURFACE PLASTERING, INC.

Principal Place of Business

Mailing Address





7809 W COMMERCIAL BLVD TAMARAC FL 33351			7809 W COMMERCIAL BLVD TAMARAC FL 33351-4361						
						3. Date Incorporated or Qualified 08/08/1994		e of Last 1/1996	
	lace of Business	}a	2a. Mailing Address			4. FEI Number			Applied For
21	II ada	26	-1-	·	· · · · · · · · · · · · · · · · · · ·	65-0514285			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.	, , ,		5. Certificate of Status Desired			Additional Required
City & Stati	е	City & State		Country		Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Ζιρ 24	Country 25	Z ₁ p	Florida Statutes						
	9. Name and Address of Cu	rrent Registered Agent			T-1	10. Name and Address of New Re	gistered A	gent	
	PEZ, ONEL			81	Name				
7809 W COMMERCIAL BLVD TAMARAC FL 33351						dress (P.O. Box Number is Not Acceptab	ile)		
				#3			····		
				84	City		FL	85 Zı	p Code
office or r	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the ol	tate of Florida. Such chan	ige was au	thorized by	v the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of our the appo	changing intment a	its registered as registered
SIGNATURE			10.00			1971			
12.	Signature Typed or punted name of registers OFFICERS	AND DIRECTORS	INOTE:	13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	FRS AND	DIRECTO	PS IN 12
TITLE	D		ELETE	1.1 TITUE		71001101107010111010070		Change	
NAME	LOPEZ, ONEL			1.2 NAME	1				
STREET ADDRESS	2061 SW 46TH AVE			1.3 STREET	ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE FL 33317	, 		1.4 CITY - S	T-ZIP				
TITLE		☐ DE	ELETE	2 1 TITLE		-		Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS		•		
CHY-ST-ZIP				2. 4 CITY -	ST-ZIP				
TITLE		□ D	ELETE	3.1 TITLE		•	· I	Change	Addition
NAME				3.2 NAME	l.				
STREET ADDRESS					ADDRESS				
CITY-ST-7IP	, , , , , , , , , , , , , , , , , , ,		rictr	3.4. CITY-	ST-ZIP			Change	Addition
TILE		[_] Di	CLE 1E	4.1 TITLE			l	Change	F L ADDITION
NAME				4 2 NAME	l				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DI	FLETE	4.4 CITY - S 5.1 TITLE	SI-ZiP		₁	Change	Addition
TIGE		<u></u> 01	LLLIL	5.1 HILE 5.2 NAME			'	"" CHENTY	
NAME				1	1 AODDECE				
STREET ADDRESS					AODRESS				
CITY - ST - ZIP		DE	FLETE	5.4 CITY-S	SI-ZIP			Change	Addition
TILE		LJ UI	LLETE	6.1 TITLE		•	·	Ullange	, FT MORRON
NAME STORE LANDONS C				6.2 NAME	2220001	1			
STREET ADDRESS					ADDRESS				
City-St-ZiP	l			6.4 CITY-3	ii-AP				

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: