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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068083 (2)

1. Corporation Name

AMERICANA DRYWALL CORP.



Principal Place of Business

Mailing Address

6043 KIMBERLY BLVD
STE P
N LAUDERDALE FL 33068
US

6043 KIMBERLY BLVD
STE P
N LAUDERDALE FL 33068
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAINTOR, F. ANDREWS
% SAUNDERS CURTIS GINESTRA & GORE, P.A.
1750 E. SUNRISE BLVD., 3RD FLOOR
FORT LAUDERDALE FL 33304-3097

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 of the person authorized to execute this report on behalf of the corporation

Date of Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	NADEAU, JOSEPH	
STREET ADDRESS	4924 SW 11TH PL	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	DELETE
NAME	CHARRON, ROBERT	
STREET ADDRESS	2810 NE 42ND ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	S	DELETE
NAME	NADEAU, NICOLE	
STREET ADDRESS	4924 SW 11TH PL	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	DELETE
NAME	LAGHAINE, DIANE	
STREET ADDRESS	2810 NE 42 ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CHARRON

01/18/96

305-973-6109

Date

Daytime Phone

CR2E034 (12/95)