

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000001910

1. Corporation Name
ACTION CEILING CORPORATIONPrincipal Place of Business
65 WEST, 53 TERRACE U-A
HALEAH FL 33012Mailing Address
65 WEST, 53 TERRACE U-A
HALEAH FL 33012

FILED

99 MAR -8 AM 11:19

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0546957		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LEZCANO, PEDRO 5451 WEST 8TH LANE HALEAH FL 33012			81 Name LEZCANO, PEDRO 82 Street Address (P.O. Box Number is Not Acceptable) 65 WEST, 53 TERRACE U-A 83 84 City HALEAH FL 85 Zip Code 33012		

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	SO	1.1 TITLE	☐ Change ☐ Addition
NAME	TABOADA, CAROLINA	1.2 NAME	
STREET ADDRESS	1570 WEST 56TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEZCANO, MIGUEL	2.2 NAME	
STREET ADDRESS	1570 WEST 56TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 added, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pedro Lezcano

1-18-99 305-8238436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)