FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

MENT # POSOCOLOZO /0

DOCUMENT # P9500001970 (9) 1. Corporation Name SAL'S PLASTERING INC.) (0.01/\$01 110 (6/6) 0/AN 00111 00111 30/A	
Principal Place of Busin		Mailing Address			
3024 BLANCHETTE TRAIL LAKE WORTH FL 33487		3024 BLANCHETTE TRAIL LAKE WORTH FL 33467			
				3. Date Incorporated or Qualified 3a 01/06/1995	- Date of Last Report
Principal Place of B	Business	2a. Mailing Address	<u></u>	4. FEI Number	Applied For
		ρ ρ ρ ρ ρ	5929	65-0544292	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
]			DATH, FL	Trust Fund Contribution	Added to Fees
Ζip	Country	7φ 22√1 1	Country	8. This corporation has liability for intang	gible tax under s. 199.032,
0.10	25 lame and Address of Co	rrent Registered Agent	30 PALM BLACK	10. Name and Address of New Regis	tered Agent
	talle Blic Acciess of Ci	anent nogletored ngent	81 Name		
RODRIGUEZ, S	SALVADOR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3024 BLANCH					
LAKE WORTH	FL 33467		83		
			84 City		FL 85 Zip Gode
- C	ve daiona of Captions 607	0500 and 607 1508 Florida Statutos	the above named come	ration submits this statement for the purpose	of changing its registered office
or registered ager familiar with, and	nt, or both, in the State of	Florida. Such change was authorized Section 607,0505, Florida Statutes.	d by the corporation's boa	ard of directors. I hereby accept the appointm	ient as registered agent. Lam
IGNATURESignature,	typed or printed name of registered	t agent and title if applicance (NOTE	Registe ed Agent signature hearin		DAIL
2.	OFFICER:	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TLE		☐ D€LETE	1 1 TITLE 6/	US,	
AME TREET ADDRESS			1.3 STREET ADDRESS	0 80x 5929	•
TY-S1-ZIP			14 City-ST-ZiP	RUABAR ROOMBURZ O. BOX 5929 AKR WONTH, FL	33466
TLF		DELETE	2 1 TILLE	7	Criange Addition
AME			2.2 NAME		
TREET ADDRESS			2.3 STREET ADDRESS		
TY-ST-ZIP		C DELETE	3 1 TITLE		Change [] Addition
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ame Treet address			33 STREET ADDRESS		
TY-ST-ŽIP			3.4 CHY - \$1 - 7IP		
TLE		☐ DELETE	4 1 TITLE		Change Addition
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TLE			5 2 NAME		
AME TREE1 ADDRESS			5 3 STREET ADDRESS		
ITY-ST-ZIP			5 4 CITY-ST-ZIP		
		DELETE	6 1 BillE		Change Addition
IILE			6.2 NAME		
			6.3 STREET ADDRESS		
NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. Alexa Alexa (Figure 1)	officer middly their filters in the transfer from the	thod and does not qualfy	for the exemution etalact in Section 110 07%	ti/k) Florida Statutes I further
VAME STREET ADDRESS CITY-ST-ZIP 14. I do hareby certify that the interest in the control of the	formation indicated on this	e annual renort or suppliemental abou	shed and does not qualfy all report is true and accur	for the exemption stated in Section 119.07(3 ate and that my signature shall have the section of the control of	ie lega: elieguas il friade undel
AME TREET ADDRESS ITY-ST-ZIP 4. I do hereby certify that the into oath; that I am ar	formation indicated on this n officer or director of the	e annual renort or suppliemental abou	shed and does not qualify al report is true and accor empowered to execute the	ate and that my signature shall have the samus report as regured by Chapter 607, Florids	ie lega: elieguas il friade undel
AME TREET ADDRESS ITY-ST-ZIP 4. I do hereby certify that the into oath; that I am ar	formation indicated on this n officer or director of the 12 or Block 13 if changer	s annual report or supplemental annu corporation or the receiver or trustee	shed and does not qualify al report is true and accor empowered to execute the	ate and that my signature shall have trie sari	ie lega: elieguas il friade undel