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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

| 1. Corporation Name P95000015625 (3) | | | | | | | |
|---|--|---------------|---------------------|-----------|-------------------------------|---|---|
| HI-TECH DRYWALL, INC. | | | | | | | |
| HILLER | n untwall, inc | 1 | | | | | |
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| | | | | | | | |
| 8754 S.W. 8TH ST 8754 S.W. 8TH ST MIAMI FL 33174 MIAMI FL 33174 | | | | | | | |
| militari 12 dell'i | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualified |
| O District District District Address | | | | | | | 02/24/1995 4. FEI Number Applied For |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | • | 00 000 75 |
| 22 | | | 27 | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| h | | | 28 | • | | | Trust Fund Contribution Added to Fees |
| Zip | Zip Country | | | | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | | 29 30 | | 30 | | Personal Property Tax due June 30. 💢 Yes 🔲 No |
| 9, Name and Address of Current Registered Agent BOTANA CAME | | | | | | ··· | 10. Name and Address of New Registered Agent |
| BOTANA, RAUL | | | | | | Name | |
| 8754 S.W. 8TH ST | | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| MIAMI FL 33174 | | | | | | | |
| | | | | | 83 | | |
| · | | | | | 84 | City | FL 85 Zip Code |
| 11 Purpose to the provisions of Sections 607 0500 and 607 1508 Florida Statutes, the above named cornoration submits this statement for the purpose of chan | | | | | | | |
| 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 registance agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | | , | | | | | |
| | Signature, typed or printed name | | | (NOTE: | | ent signature r | e required when reinstating) DATE |
| 12. | 0 | FFICERS AND D | | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| TITLE | - | | | DELETE | 1.1 TITLE | | |
| | NAME SARDUY, RICHARD STREET ADDRESS 240 N.W. 132 AVE | | | | 1.2 NAME | ADDDECD | |
| | ANALUTI COLOGO | | | | 1.3 STREET | 1 | |
| CITY-ST-ZIP | MIAMI FL 33182 | | | DELETE | 1.4 CITY- ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | SOTO, ZENAIDA | | DLLC1L | 2.2 NAME | | | |
| STREET ADORESS | | | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LHAND DA AAADD | | | | 2. 4 CITY-ST-ZIP | | |
| TITLE | T DELETE | | | 3.1 TITLE | | Change Addition | |
| NAME | SARDUY, JOHN | | | 3.2 NAME | | | |
| STREET ADDRESS | 240 N.W. 132 AV | E | | | 3.3 STREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33182 | | | | 3.4. CITY- 8 | ST-ZIP | |
| TITLE | P | | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SARDUY, JOSE | | | | 4. 2 NAME | 1 | |
| STREET ADDRESS | 8748 S.W. 8TH S | TREET | | | 4.3 STREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33174 | | | | 4.4 CITY-S | T-ZIP | |
| TITLE | | | | DELETE | 5.1 TITLE | 1 | Change Addition |
| NAME | | | | | 5.2 NAME | | |
| STREET ADDRESS | | | | | 5.3 STREET | | |
| CITY-ST-ZIP | | | | DELETE | 5.4 CITY - S | T-ZIP | Character (Character) |
| TITLE | | | | DELETE | 6.1 TITLE | - 1 | Change Addition |
| NAME | | | | | 6.2 NAME | | |
| STREET ADDRESS | | | | | 6.3 STREET | | |
| CITY-ST-ZIP | | | | A | 6.4 CITY - S | T-ZIP | Add Carlos 440 07/09/3 Flacida Cast day 16 with a partiful that the information |

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 two 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 enviowered 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 appress.

2-4-98

552-4322