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

May 04, 1999 8:00 am Secretary of State

05-04-1999 90195 008 ***158.75

DOCUMENT # P95000015625 1. Corpo ation Name HI-TECH DRYWALL, INC.		
Principal Place of Business	Mailing Address	1 (88/188/ 118/ 1919/ 1911)
8754 S.W. 8TH ST	8754 S.W. 8TH ST	
MIAMI FL 33174	MIAMI FL 33174	DO NOT WRITE
		 Date Incorporated or Qualifed 02/24/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0557954

IN THIS SPACE Applied For Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Žip Country Zip 8. This corporation owes the current year Intangible □No X Yes Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOTANA, RAUL Street Address (P.O. Box Number is Not Acceptable) 8754 S.W. 8TH ST **MIAMI FL 33174** 83 Zip Code 85 City

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 a	m familiar with, and accept the obligations of, Section 607.05	05, Florida	Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rea	jistered Agent signature required	when reinstating) DA	TE	
12.	OFFICERS AND DIRECTORS	/	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	PLE	1,1 TITLE		☐ Change	Addition
NAME	SARDUY, RICHARD		1.2 NAME			
STREET ADDRESS	240 N.W. 132 AVE	ſ	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-ST-ZIP			
TITLE	\$ □ DEL	ETE	2.1 TITLE		☐ Change	Addition
NAME	SOTO, ZENAIDA		2.2 NAME			
STREET ADDRESS	11800 S.W. 18 ST. #513	1	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP			
TITLE	T □ DEL	ETE	3.1 TITLE		Change	Addition
NAME	SARDUY, JOHN		3.2 NAME			
STREET ADDRESS	240 N.W. 132 AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		3.4. CITY-ST-ZIP			
TITLE	P DEL	ETE	4.1 TITLE		Change	☐ Addition
NAME	SARDUY, JOSE		4, 2 NAME			
STREET ADDRESS	8748 S.W. 8TH STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174		4.4 CITY-ST-ZIP			
TITLE	· DEL	ETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	. <u> </u>		5.4 CITY-ST-ZIP			
TITLE	□ DEL	ETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY, ST. 7IP			

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

SIGNATURE:

= /*: