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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED Apr 05, 1999 8:00 am Secretary of State 04-05-1999 90019 008 \*\*\*150.00

1999

## DOCUMENT # P95000030524 1. Corporation Name

CE CE DRY WALL, INC.



i de <del>de propriée de la comp</del>				
Principal Place of Business Mailing Address			I INTINET III INTINETIA III AND	if Abid: Brith tthis diar inni
4150 S.W. 56 TERRACE 4150 S.W. 56 TERRACE				
DAVIE FL 33314 DAVIE FL 33314			DO NOT WRITE IN THIS SE	DACE
			3. Date Incorporated or Qualifed	ACE
			04/19/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	) =2Ave 26		65-0575348	Not Applicable
21 24 Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miamar	28		Trust Fund Contribution	Added to Fees
Zin	Country Zip	Country	8. This corporation owes the current year Intan	
24 33029 25	B (	30	T Crochar / Toponty 1 Lat.	Yes No
	Address of Current Registered Agent		10. Name and Address of New Registered Ag	jent
DE LEON CONTAU	E7 CECILIA	81 Name	ECILA De loon &	100 sale 3
DE LEON GONZAL		82 Street Add	ress (P.O. Box Number is Not Acceptable)	711.0
4150 S.W. 56 TERF	1ACE	244	1 5W 82 AUEI	1112
DAVIE FL 33314		83		
		84 City 1 .		85 Zip Code 3 3025
			RAMAR FL	
11. Pursuant to the provisions	of Sections 607.0502 and 607.1508, Florida Statute or both, in the State of Florida, Such change was as	s, the above-named corp thorized by the corporati	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint	nent as:registered
agent I am familiar with	nd accept the obligations of Section 607:0505; Flor	da Statutes.	الماما	CC
SIGNATURE	UX		21311	57
eignature, typed or pri	OFFICERS AND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	DELETE	1.3 TITLE		☐ Change ☐ Addition
	ONZALEZ, CECILIA	1.2 NAME		
14450 0144 54		1.3 STREET ADORESS		
DALME EL ON		1.4 CITY-ST-ZIP		5
TITLE UAVIE FL 33	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
1	·	2.4 CITY-ST-ZIP		
CITY-ST-ZIP		3.1 TITLE		Change Addition
NAME	. —	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
1		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	<u></u>	4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	•	
		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
	<b></b>			
NAME	·	5.2 NAME		

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 changed or on an appearment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition