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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031317 (7)

EAST GLADES LUMBER INC.					
Principal Plac	e of Business	Mailing Address			
16101 S.W. 197TH AVE. 18101 S.W. 197TH AVE.			Ì		
MIAMI FL 8316	97	MIAMI FL 33187-1102			
) .				3. Date Incorporated or Qualified	3a. Date of Last Report
7 57				04/20/1995	02/07/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 65-0268227	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			60.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & Stato		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29 3	-, ·	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes : □ No
	9. Name and Address of Curre		•]	10. Name and Address of New Re	
DIA	Z, MARCI		81 Name (Joella gomes	7
	01 S.W. 197TH AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptab	
MIA	MI FL 33187		B3		
			63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statules	the above-named corp	poration submits this statement for the p	urpose of changing its registered
office or r	registered agent, or both, in the State om familiar/with, and accept the oblig	e of Florida. Such change was aut jations of, Section 607.0505, Florid	thorized by the corporat da Statutes	oration submits this statement for the p ion's board of directors. I hereby accep	I the appointment as registered
SIGNATURE	Signature typod or printed name of reproducting	nei.			1/20/97
12,		enj and tille d'applicable (NOTE) ID DIRECTORS	Registered Agent signature require 13.	ad whon reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	PSD	DELETE	1.1 THLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GOMEZ, ANTHONY R	_	1.2 NAME		
STREET ADDRESS	16101 S.W. 197TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL.		14 City-ST-ZiP		
TITLE	VD DAMON A	☐ DELETE	2.1 THLE		Change Addition
NAME STREET ADDRESS	GOMEZ, RAMON A 16101 S.W. 197TH AVE.		2.2 NAME		
CITY-ST-ZIP	MIAMI FL		2.3 STREFT ADDRESS 2.4 CITY - ST - ZIP		
TITLE	V0	☐ DELETE	3.1 THLE	<u>-</u>	Change Addition
NAME	GOMEZ, GREGORY		3.2 NAME		
STREET ADDRESS	16101 S.W. 197TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL.	DELETE	3.4. C(1Y - S1 - Z(P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME Street address			4 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CHY-SI-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE.	5.4 CITY-ST-ZIP		Change Laddr'
TITLE		☐ AFTER	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	[

• I do 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 by on an attachment with an address

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FILED

Apr 23 1997 8:00am

Secretary of State