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

PROFIT CORPORATION ANNUAL REPORT

1998

RODRIGUEZ, SILVIA J **983 SW 88 AVENUE**

MIAM! FL 33174



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000034132 (7) DOCUMENT #

9. Name and Address of Current Registered Agent

A + CARPENTRY, INC. Principal Place of Business Mailing Address 983 SW 88 AVENUE 983 SW 88 AVENUE MIAMI FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 21 65-0578534 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current fear Intangible 24 30 Personal Property Tax due June 30. Yes 25 29

City 85 Zip Code 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83 84 Name

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.5 TITLE RODRIGUEZ, SILVIA J NAME 1.2 NAME **983 SW 88 AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADORESS CITY-ST-2IP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAJAE 1. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this tiling 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 empowers to execute this report as required by Chapter 607, Florida Satutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address;

SIGNATURE:

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

FILED

Mar 18 1998 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable