

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P95000076672*
1. Corporation Name
COLINDRES PLASTER, CORP.

Principal Place of Business Mailing Address
2945 SW 25th Miami Fla. 33135

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>10/5/95</i>	3a. Date of Last Report -
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number <i>650618740</i>	Applied For Not Applicable
22	City & State	27	City & State <i>Miami Fla.</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip <i>33135</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<i>Jesus Flores</i>				81. Name	-
<i>4380 N.W. 10th St #3</i>				82. Street Address (P.O. Box Number is Not Acceptable)	
<i>Miami Fla. 33126</i>				83.	-
				84. City	-
				85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.05(2) 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.

SIGNATURE _____ DATE _____
Signature (electronic or typed) is acceptable for filing. Date: Register Agent's name must be typed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>P</i>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Jesus Flores</i>		12. NAME	
STREET ADDRESS <i>4380 NW 10th St #3</i>		13. STREET ADDRESS	
CITY-STATE-ZIP <i>MIAMI FLA. 33126</i>		14. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	100001867121
CITY-STATE-ZIP		54. CITY-STATE-ZIP	-06/19/96--01059--035
TITLE	<input type="checkbox"/> DELETE	6. TITLE	***233.75
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and 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 attachment with an address.

SIGNATURE: *Jesus Flores* 05-22-96 642-9019
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)