

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

FILED
Apr 17 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000081642 (7)

1. Corporation Name

BIG BEAR PLASTERING INC.

Principal Place of Business

14073 SW 168 LANE
MIAMI FL 33177
US

Mailing Address

14073 SW 168 LN
MIAMI FL 33177
US



DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------|------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 10/23/1995 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 65-0618691 |
| 24 Country | 29 Country | Applied For |
| | 30 | Not Applicable |

9. Name and Address of Current Registered Agent

SEOANE, MARIA L
14073 SW 168 LANE
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name CARLOS M. QUINTANAL
82 Street Address (P.O. Box Number is Not Acceptable)
14073 SW 168 LANE
83
84 City MIAMI FL 85 Zip Code 33177

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|-------------------|
| TITLE | P | 1.1 TITLE | S |
| NAME | QUINTANAL, CARLOS M. | 1.2 NAME | RAUL RODRIGUEZ |
| STREET ADDRESS | 14703 SW 168 LANE | 1.3 STREET ADDRESS | 14073 SW 168 LANE |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FL 33177 |
| TITLE | S | 2.1 TITLE | V.P. |
| NAME | SEDANE, MARIA L. | 2.2 NAME | MANUEL MONDEJA |
| STREET ADDRESS | 14073 SW 168 LANE | 2.3 STREET ADDRESS | 14073 SW 168 LANE |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI FL 33177 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 attachment with an address.

SIGNATURE:

CR2E034 (10/97)