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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085797 (5)

LEOS DRY WALL CORP.

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
14057 SW 160 TERRACE 14057 SW 160 TERRACE MIAMI FL 33157 MIAMI FL 33157					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
L						11/08/1995
2. Principal P	lace of Business	2a. Mading	Address			4. FEI Number Applied For
21		26				65-0627778 Not Applicable
			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 27						Fee Required
City & State		· · · · · · ·	City & State			Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip 24	<u> </u>		Country	4	8. This corporation owes or has paid the current year Intangible	
27	25 29 9. Name and Address of Current Registered Agent			101	Personal Property Tax due June 30. Yes N 10. Name and Address of New Registered Agent	
VA			,	81	Name	10. Hante and Address of New Pagistered Agent
	RGAS, LEONARDO 057 SW 160 TERRACE					
	AMI FL 33157				Street A	Address (P.O. Box Number is Not Acceptable)
MI	AMI FL 3319/			63	 	
				L		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	602 and 607,1508,	Florida Statutes	the abov	! e-named d	corporation submits this statement for the purpose of changing its registered
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.						
1 11.2 + 4.7						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: F	Hogistered Ag	ent signature r	required when reinstating) DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		Change Addition
NAME	VARGAS, LEONARDO			1.2 NAME	F	
STREET ADDRESS	14057 SW 160 TERRACE			1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157			1.4 CITY - S	ST-ZIP	
TITLE	D	Į	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMILO, ABAD B			2.2 NAME		
Street Address	14057 SW 160 TERR			2.3 STREET		
CITY-ST-ZIP	MIAMI FL		T DELETE	2 4 CITY-	ST-ZIP	
TITLE	D CAMBO DECTOR F	ı	DELETE	3 1 TITLE	ļ	Change Addition
NAME	CAMILO, HECTOR F			3.2 NAME	t	
STREET ADORESS	14057 SW 160 TERRACE		3.3 STAEET	- 1		
CITY-ST-ZIP TITLE	MIAMI FL 33157		DELETE	3.4. CITY-	ST-ZIP	
NAME	D Vargas, Plinio	ı	Officit	4.1 TITLE		L. Change L. Addition
STREET ADDRESS	4050 NW 135 ST. BLDG. 9	ADT 6		4. 2 NAME	ADDRESS	
	OPALOCKA FL 33054	Mr I. Ə		4.3 STREET		
CITY-ST-ZIP TITLE	OFALOUNA FL 33034		DELETE	4.4 CITY - S 5.1 TITLE	ı-ZIP	☐ Change ☐ Addition
NAME		1		5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP						
TITLE			DELETE	5.4 CITY - S 6.1 TITLE	ı - ZIP	Change Addition
NAME		•		6.2 NAME		Change La Padition
STREET ADDRESS				63 STREET	ADDRESS	
City-St-Zip						
	partify that the information cumplings	with the filling slage	a mot munify for t	64 CITY-S		d in Continue 110 07/09/3 Floride Chat has 14 all and 14 all and 14 all and 15 all and 1

indicated on this annual reports or supplied with this riming does not quality 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.

2/18/99

252.8834