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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000087462

FORTALEZA PLASTERING CORP.

Principal Place of Business Mailing Address	
10000 NORTHWEST 80 COURT, SUITE 2212 10000 NORTHWEST 80 COURT, SUITE 2212	
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016	
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	11/15/1995
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	65-0618960 Not Applicable
Suite, Apt. #, etc.	5. Certifcate of Status Desired See Required
22 27 6 6 4 6 5 5 6 6	
City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip         Country         Zip         Country	This corporation owes the current year Intangible
	Personal Property Tax.
24 25 29 30 30 9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD	
343 ALMERIA AVENUE Street	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134	
84 City	FL 85 Zip Code
44. Durguent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named.	comoranon summis una statement tot the bulbose of changing its registered - i
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida, Such change was authorized by the corp</li> </ol>	oration's board of directors. I hereby accept the appointment as registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>	oration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	oration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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)	oration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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)	oration's board of directors. I hereby accept the appointment as registered equired when reinstating)
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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.  OFFICERS AND DIRECTORS  13.	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 in the printed	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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.  OFFICERS AND DIRECTORS  13.  TITLE  PSTD  DELETE  1.1 TITLE  NAME  SACRAMENTO, JOSE ALEXANDRE SR.  1.2 NAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the policy of the corp agent and title if applicable.  ITILE  PSTD  DELETE  1.1 TITLE  NAME  SACRAMENTO, JOSE ALEXANDRE SR.  STREET ADDRESS  1.3 STREET ADDRESS	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the policy of the corp agent.)  TITLE  PSTD  OFFICERS AND DIRECTORS  13.  TITLE  NAME  SACRAMENTO, JOSE ALEXANDRE SR.  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH GARDENS FL 33016  DELETE  21 TITLE	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 of the sig	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the policy of the corp agent.]  12. OFFICERS AND DIRECTORS  13.  ITILE   PSTD	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name of registered agent and title if applicable. [NOTE: Registered Agent signature of the printed name o	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 of the s	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 algnature if the property of the corp agent.]   13.	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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.	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the s	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the property of the corp agent.]   13.	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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.	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the policibit of the pol	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policibit of the policibit of the policibit.  NOTE: Registered Agent signature if the policibit of the policib	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if the policible in the pol	DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 alginature if the property of the corp agent, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent alginature if the property of the corp agent, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent alginature if the property of the corp agent, the property of the corp agent, the property of the corp agent.   (NOTE: Registered Agent alginature if the property of the corp agent, the property of the corp agent.   (NOTE: Registered Agent alginature if the property of the corp agent, and the property of the corp agent.   (NOTE: Registered Agent alginature if the property of the p	DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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 if post of the composition of th	DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corp 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.	DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90030 050 \*\*\*150.00