

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT•
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091073 (3)

1. Corporation Name
G.P. ROSALES STUCCO, INC.

Principal Place of Business
2850 N.E. 9TH AVE
POMPAÑO BEACH FL 33064

Mailing Address
2850 N.E. 9TH AVE
POMPAÑO BEACH FL 33064

97 SEP 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report 01/23/1997
4. FEI Number 65-0628406	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOAQUIN, ROSALES
2850 N.E. 9TH AVE
POMPAÑO BEACH FL 33064

81 Name

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

83

84 City

FL

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstalling)

DATE

9/16/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME GOAQUIN, ROZALEZ
STREET ADDRESS 2850 N.E. 9TH STREET, #23
CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Goaguin Rosales
1.3 STREET ADDRESS 2850 N.E. 9TH AVE
1.4 CITY-ST-ZIP Pompano Beach FL 33064

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE

9/16/97

CR2E034 (4/97)

Dear Sir/Madam:

9/16/97 (2)

The name of my company is
G. P. Rosales Stucco, Inc with P50000-91073.

The reason of writing is because I received
again for annual report for 1997.

I ^{did} send ~~you~~ my application by March 2¹⁹⁹⁷ /
the amount of \$165.00. but I call you and
an agent told me that you never received
this money. I'm sending you again this
form w/ \$165. to take care the fee. I
understand that you are waiving the penalty
I appreciate this. Thank you very much

Sincerely

