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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P9500093702 (5) SOUTHDADE INTER DRYWALL, INC.

Principal Place of Business

2. Principal Place of Business

25

PEREZ, AGUSTIN 4851 SW 72 AVE

MIAMI FL 33155

Suite, Apt. #, etc.

City & State

Zip

24

Mailing Address

4651 SW 72 AVE MIAMI FL 33155 4651 SW 72 AVE MIAMI FL 33155

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

FILED Feb 19 1998 8:00am Secretary of State

	E TOURINGE TIO CAID) DITTE AREA ORIGINA							
DO NOT WRITE IN THIS SPACE								
3.	Date Incorporated or Qualified							
_	12/08/1995							
4.	FEI Number		Applied For					
	65-0636182		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.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
10.	0. Name and Address of New Registered Agent							

Zip Code

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

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.

Country

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83 City

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agom. ·	Transition with, and accept the obligations of, account our	.0000, 1 1011011	sidiatos.			
SIGNATURE	Stgnature, typed or pointed name of registring agent and tipe if applicable	(NOTE: Regis	tered Agent signature re	equired when reinstating)	DATE	_
12.	OFFICERS AND DIRECTORS		13.		FICERS AND DIRECTORS IN 12	
TITLE	D D	ELETE 1	.1 TITLE		☐ Change ☐ Addi	ition
NAME	PEREZ, AGUSTIN	1	.2 NAME	\		
STREET ADDRESS	4651 SW 72 AVE	1	.3 STREET ADDRESS	\		
CITY-ST-ZIP	MIAMI FL 33155	1	.4 CITY - ST - ZIP	1		
TITLE	\ Di	ELETE 2	.1 TITLE		☐ Change ☐ Addi	ition
NAME	\	2	2 NAME	1		
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CITY-ST-ZIP			4 CITY-ST-ZIP			
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STREET ADDRESS	\	3	.3 STREET ADDRESS	\		
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CITY-ST-ZIP			4 CITY - ST - ZIP	\		
TITLE	DE	LETE 6	1 TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Change ☐ Addil	tion
NAME		6	2 NAME	1000024	34711	1
STREET ADDRESS	`	6	3 STREET ADDRESS	-02/19/9801	กัด2ดาัส	
CITY-ST-ZIP	attle short the information appoint with the filling door and	6	4 City-St-ZiP	***300,00		

4. I hereby certify that the information supplied with his filling does not qualify fer the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental innual 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 recover or trustee empowered to be exclude 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 appears.

OLONIATURE.

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