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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

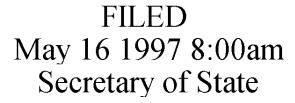
DOCUMENT # P9600004217 (1)

HERY T PLASTERING, INC.

P_{I}	nem:	al Pta	ce of	Ross	iness	:

Mailing Address

7225 WEST 2ND COURT HIALEAH FL 33014 7225 WEST 2ND COURT HIALEAH FL 33014-5059





3. Date Incorporated or Qualified 3a. Date of Last Report

						01/12/1996					
2.	Principal Place of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number		TTAP	plied For		
21		26	26			65-0633826		Not Applicable			
	Suite Apt. # etc	Suite, Apt. #,	Suite, Apt. #, etc.				\$	8.75	Additional		
22		27	27			b. Certificate of Status Desired	LJ '	Fee Re	quired		
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be		
23					Trust Fund Contribution		Added t				
	Zip Country	Zip	Cou	intry		8. This corporation has liability for int	angible tax	under s.	199.032.		
24	25	29	30			Florida Statutes					
		s of Current Registered Agent		10. Name and Address of New Registered Agent							
	TEJEDA, MARGARITA			81 Name							
	7225 WEST 2ND COURT					82 Street Address (P.O. Box Number is Not Acceptable)					
	HIALEAH FL 33014				Olifett Address (fC. Dox (attriber is fact Addeptable)						
				83	1						
				84	A:1						
					City		FL	5 Zip (Code		
11.	Pursuarit to the provisions of Section	ons 607.0502 and 607.1508, Florid	a Statutes, the a	pove	-named corp	poration submits this statement for the pur	none of oh	nging it	s registered		
	office or registered agent, or both, agent. Lam familiar with, and acce	in the State of Florida. Such chang int the obligations of Section 607.	ge was authorize 3505 Elorida Stat	d by	the corporat	ion's board of directors. I hereby accept	the appoint	ment as	registered		
nu c		graphic configurations on coefficie configuration (acac, i lorica etal		•						
SIC	Signature type://or.protectname.t	of registered agent and title if applicable	(NOTE: Registere	d Ape	nt signature requir	ed when reinstating)	DATE				
12.		FICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTOR	S IN 12		
TITU			LETE 1.1 Ti	TLE				Change	Addition		
NAM			1.2 N	AME	1						
SIB	BILADORESS 7225 WEST 2ND CO	DURT	1.3 \$	TREET	ADDRESS						
CHY	ST ZIP HIALEAH FL 33014		140	TY - S1	T- 7/P						
TITL	······	☐ DEI			·		П	Change	Addition		
NAM	TEJEDA, MARGARITA	A	2.2 N/	AME							
SIE	TITADORESS 7225 WEST 2ND CO	OURT			ADDRESS						
	-SI-Zii: HIALEAH FL 33014			ITY - S					ĺ		
THE		☐ DE						Change	Addition		
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	S*-7IP				·						
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1111	•	DE					U	Change	Addition		
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STRE	ET ADDRESS		5.3 \$1	REET	ADDRESS						
	- S1 - ZIP			TY-\$1	r-ZIP		<u></u>				
THU		DEI	LEYE 6.1 TI	TLE				Change	Addition		
NAV.	ŧ		6.2 N/	AME							
STRE	EL ADDRESS		6.3 ST	REET	ADDRESS						
	+ ST - ZIP		6.4 Cf								
14.	I do hereby certify that the informal	tion supplied with this filing does n	ot qualify for the	exe	mption stated	in Section 119.07(3)(i), Florida Statutes.	l further cer	tify that	the		

4. Ide 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 3

(301) 584747