

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

FILED

99 JAN 20 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013388

1. Corporation Name

LA GENTE DRYWALL, INC.

Principal Place of Business

Mailing Address

2540 S.W. 60th AVE.  
MIAMI, FL 33155

175 FONTAINEBLEAU BLVD  
SUITE 1-B  
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed  
FEBRUARY 8, 1996

|                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>175 FONTAINEBLEAU BLVD<br>Suite Apt # etc<br>SUITE 1-B<br>City & State<br>MIAMI, FLORIDA<br>Zip<br>33172 | 2a. Mailing Address<br>26. Suite Apt # etc<br>27. City & State<br>28. Zip<br>29. Country | 4. FEI Number<br>65-0728701<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>7. This corporation owes the current year Intangible<br>Personal Property Tax | 8. Additional<br>Fee Required<br>\$8.75<br>\$5.00 May Be<br>Added to Fees<br>9. Yes X |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMY L. BURKICH  
2540 S.W. 60th AVE  
MIAMI, FL 33155

|          |                                                        |          |              |
|----------|--------------------------------------------------------|----------|--------------|
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable) | 83. City | 84. 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

Signature of officer or director of corporation and name of officer or director

Signature of registered agent and name of registered agent

DATE

| 12. OFFICERS AND DIRECTORS |                                                      |
|----------------------------|------------------------------------------------------|
| NAME                       | P/D                                                  |
| STREET ADDRESS             | AMY L. BURKICH                                       |
| CITY-STATE-ZIP             | 2540 S.W. 60th AVE<br>MIAMI, FL 33155                |
| NAME                       | P/S/D                                                |
| STREET ADDRESS             | HANNIA IRIARTE                                       |
| CITY-STATE-ZIP             | 175 FONTAINEBLEAU BLVD. SUITE 1-B<br>MIAMI, FL 33172 |
| NAME                       |                                                      |
| STREET ADDRESS             |                                                      |
| CITY-STATE-ZIP             |                                                      |
| NAME                       |                                                      |
| STREET ADDRESS             |                                                      |
| CITY-STATE-ZIP             |                                                      |
| NAME                       |                                                      |
| STREET ADDRESS             |                                                      |
| CITY-STATE-ZIP             |                                                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|-------------------------------------------------------|--|
| NAME                                                  |  |
| STREET ADDRESS                                        |  |
| CITY-STATE-ZIP                                        |  |
| NAME                                                  |  |
| STREET ADDRESS                                        |  |
| CITY-STATE-ZIP                                        |  |
| NAME                                                  |  |
| STREET ADDRESS                                        |  |
| CITY-STATE-ZIP                                        |  |
| NAME                                                  |  |
| STREET ADDRESS                                        |  |
| CITY-STATE-ZIP                                        |  |

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\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), Florida Statutes. I further certify that the information supplied in this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of the receiver or trustee imposed by Chapter 60, Florida Statutes, and that my name appears on the report or supplemental annual report with an address, with authority to be empowered.

SIGNATURE: *Hannia Iriarte*

HANNIA IRIARTE

1/14/99

(305)221-6048

*1/20*