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 # P96000033553

1. Corporation Name

STUCCO PLUS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

3621 NORTHWEST 209TH TERRACE MIAMI FL 33056

2. Principal Place of Business

Suite, Apt, #, etc.

21

3621 NORTHWEST 209TH TERRACE MIAMI FL 33056

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90039 049 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

04/17/1996 4. FEI Number

65-0660086

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certifcate of Status Desired	, ,	Additional
22		27				Fee Re	equired .
City & Stat	City & State City & State				6. Election Campaign Financing	11	May Be
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the curr		_ \
24 25 29 30			30	T disonal Troperty Tax			□No
	9. Name and Address of Current R	tegistered Agent			10. Name and Address of New F	tegistered Agent	
	THE PARTY OF THE P		81	Name			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
COR	RAL GABLES FL 33134		83				j.
			84	City		85 Zip	Code
			04	City		FL S Z F	1
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the	purpose of changing its	registered
office or r	registered agent, or both, in the State of I im familiar with, and accept the obligation	Florida. Such change was au	ithoriżed by	the corporation	on's board of directors. I hereby accep	at the appointment as re	gistered
•	un raminar with, and accept the obligation	is oi, decilori dor.oods, Moli	ida Glainies	,.			
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Age	nt signature required	d when reinstating)	DATE	{
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	JOHNSON, TRACY L		1.2 NAME	ļ			ļ
STREET ADDRESS 3621 NORTHWEST 209TH TERRACE			1.3 STREE	TADDRESS)
	MIAMI FL 33056		1.4 CITY-5	ſ			ļ
CITY-ST-ZIP	MIN WHITE GOODS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME		••• · · · · · · ·	2.2 NAME				}
-				T ADDRESS			İ
STREET ADDRESS	Section 1995		2.4 CiTY-	7-		A 1995 A 1	~
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	51-ZIF		Change	☐ Addition
TITLE	,		3.2 NAME			<u> </u>	
NAME.					•		
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	<u> </u>	[] DELETE	3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE	}	. LI DECEIE	4.1 TITLE				(
NAME			4. 2 NAME	1			l
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	iT-ZiP			Addition
TITLE	\	☐ DÉLETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME 💥	A PARESTA TANA		6.2 NAME				·
	· · · · · · · · · · · · · · · · · · ·		6.3 STREE	TADDRESS			
CITY-ST-ZIP"	William Company of the Company of th		6.4 CITY-5				
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify that the	information
استخصصتان سنا	an this annual conset or supplemental or	enual rangel in true and accur	rate and the	e mu cianolura	enall ave the came least affect as l	i made Under Cam' that	u aman

indicated on any annual report or supplemental annual report is due and accurate and that my signature shall have the same regarded as it made order own, that i am all 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.

4/23/99 (305)610-J816
Date Phone #