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May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000040283 (9)

1. Corporation Name

SOUTH MATERIAL DISTRIBUTOR & INT'L. CORP.

Principal Place of Business

7481 NW 8 ST.  
MIAMI FL 33126

Mailing Address

7481 NW 8 ST.  
MIAMI FL 33126  
US

2. Principal Place of Business

21 2972 NW 22 ST

Suite, Apt. #, etc.

22 Miami, FL

City & State

23 Miami, FL

Zip Country

24 33142

2a. Mailing Address

26 9545 SW 47 ST.

Suite, Apt. #, etc.

27 Miami, FL

City & State

28 Miami, FL

Zip Country

29 33165

30

9. Name and Address of Current Registered Agent

DUQUE, LUZ D  
7481 NW 8 ST.  
MIAMI FL 33

81 Name

82 Duque Luz D

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

84 9545 SW 47 ST.

85

City Miami FL

86 Zip Code

87 33165

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

*Luz D. Duque*

Signature of person named as registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME DUQUE, LUZ D

STREET ADDRESS 12340 SW 140 ST

CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Duque Luz D.

1.3 STREET ADDRESS 9545 SW 47 ST

1.4 CITY-ST-ZIP Miami FL 33165

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

*Luz D. Duque*

04/27/98 (305) 6338984

CR2E034 (10/97)