FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 NOV 25 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041325 (7)

1. Corporation Name
PLASTER PICHON, INC.

Principal Place of Business	Mailing Address
19221 SW 117TH AVE. MIAMI FL 33156	19221 SW 117TH AVE. MIAMI FL 33177-4401

2. Principal Place of Business
21 12510 SW 204 ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI
Zip 24 33177 Country 25

2a. Mailing Address
26 12510 SW 204 ST
Suite, Apt. #, etc.
27
City & State
28 MIAMI
Zip 29 33177 Country 30

3. Date Incorporated or Qualified
05/15/1996

3a. Date of Last Report

4. FEI Number
65-0793824 Applied For / 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MENESES, OSVALDO
19221 SW 117TH AVE.
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name Meneses, Osvaldo
82 Street Address (P.O. Box Number is Not Acceptable) 12510 SW 204 Street
83
84 City MIAMI FL 85 Zip Code 33177

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE DP	☑ Change ☐ Addition
NAME	MENESES, OSVALDO		1.2 NAME Meneses, Osvaldo	
STREET ADDRESS	19221 SW 117TH AVE.		1.3 STREET ADDRESS 12510 SW 204 Street	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP Miami, Fl 33177	
TITLE	DV	☐ DELETE	2.1 TITLE DV	☑ Change ☐ Addition
NAME	MENESES, NANCY		2.2 NAME Meneses, Nancy	
STREET ADDRESS	19221 SW 117TH AVE.		2.3 STREET ADDRESS 12510 SW 204 Street	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP Miami, Fl 33177	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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11/25/97

14. I do 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 added to the report with an address.

SIGNATURE [signature] DATE 11/25/97

CR2E034 (9/95)

(2)

11/15/97

DEAR SIR:

PLEASE FORGIVE THE TARDINESS IN THIS FILING. BUT THE ADDRESS YOU HAVE ON FILE IS INCORRECT. MY OLD NEIGHBOR CAME OVER YESTERDAY TO BRING THIS TO ME.

PLEASE MAKE THE NECESSARY CHANGES SO MY ADDRESS WILL BE CORRECT.

Correct
~~NEW~~ ADDRESS

THANK YOU,

NANCY M. MENESES

MR. & MRS. O. MENESES
12510 SW 204 STREET
MIAMI, FL 33177
(305) 234-9270