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 # P96000041479 (2)

SAN MIGUEL PLASTER, INC

Principal Place of Business

46M 6W 65 AVE 4105

Mailing Address

1201 SW 52 AVE #102

FILED Feb 11 1997 8:00am Secretary of State



N LAUDERDALI		N LAUDERDALE FL 33068-4	039		
:	,			Date Incorporated or Qualified 05/15/1996	3a. Date of Last Report
2. Pripeipal Pl	lace of Business	28 Mailing Address	1. A	# EELNumber	Applied For
1930	o Zake Krnc	726 5508 La	Ke Jern C	1 65 066 395	Not Applicable
Suits Apt.	onut creek	Suite, Apt. #, etc.	te tern co	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	oidn	City & State	\sim	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 Zi22 1	73 Country SA	Z(p	Country USA	B. This corporation has liability for i	ntangible tax under s. 199.032, Yes A No
4 22	g. Name and Address of Current			10. Name and Address of New Re	
MAV	ARRO, JOSE		81 Name	1/2 12 20	<u> </u>
	1 SW 52 AVE #102			S.C. Wava K.R.I ress (P.O. Box Numbor is NoLA999) ptab	
	AUDERDALE FL 33068		SI SI BOL AGO	18 Lake 111	" c7
	ADDENDACE IE OCCOO		83		
ļ.,			84 City		Ar I 7in Code
			184 CHY CHY	anul Creek	FL ** デッカップ3
 office or re 	egistered agent, or both, in the State of militar with, and accept the obligations.	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized by the corporat	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed have of registered agen	And title if applicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	Presiden T	DELETE	1.1 TITLE		Change Addition
NAME	Tase dayour	7 22/73	1.2 NAME		
STREET ADDRESS	Jose NaVARR 5508 Lake Ter		1.3 STREET ADDRESS		
CITY-ST-ZIP	5808 LAKE TEN	net counter	4.CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		٠
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	317171.1		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY-ST-ZIP			3.4. C(TY-S1-Z(P		Change Addition
TITLE		[_] DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Denete	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DEFFLE	5.1 TITLE		El originale El Mantion
NAME	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		5.2 NAME		
STREET ADDRESS	1 9 3 3 3 4 5 5		5.3 STREET ADDRESS		
CITY-ST-ZIP	-44	☐ DELETE	5.4 C/TY - ST - Z/P 6.1 TITLE	800000208	Change Addition
TITLE		□ ben if	1	-02/12/97010	35-AD 1
NAME			6.2 NAME	***165.00	1116 711
STREET ADDRESS			6.3 STREET ADDRESS	The second control of	~ ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-ST-ZIP		with thin filing along and average	6.4 City-St-ZiP	d in Section 119 07(2)(i) Florida Clateto	e I further certify that the
informatio	so Indicated on this appual report of e	applemental annual report is tr the receiver or trustee empowe	ue and accurate and tha ered to execute this repo	d in Section 119.07(3)(i), Florida Statute Il my signature shall have the same lega rt as required by Chapter 607, Florida S	Benectas II made under daut. Ir