FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P96000041479 (2) DOCUMENT # 1. Corporation Name

SAN MIGUEL PLASTER, INC

Principal Place of Business

Mailing Address

2a. Mailing Address

5508 LAKE TERN CT COCONUT CREEK FL 33073

2. Principal Place of Business

5508 LAKE TERN CT COCONUT CREEK FL 33073

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21		26		65-0663965		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required				
City & State		City & State						
City & State		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Cour		у	8. This corporation owes or has paid the current year Intangible		ar intangible	
24	25 29 30		30	· · · · · · · · · · · · · · · · · · ·		☐ No _		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
NAVARRO, JOSE			81	Name				
	508 LAKE TERN COURT		82	Street Addre	ss (P.O. Box Number is Not Acceptab	ale)		
	OCONUT CREEK FL 33073		050.7.05.00		as (i .o. box Namber is Not noceptate	110)]	
•		83	83					
			84	City		85	Zip Code	
				'		FL	i i	
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.								
agent. I am lamilar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE X 1222 7 MAIADO								
Signature firsted or printed name of agristered agent and title if applicable (NOTE: Register				stered Agent signature required when reinstating) DATE DATE				
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chai		
TITLE	NAVARRO, JOSE	DELETE	1.1 IIILE 12 NAME				nge	
NAME	The state of the s			T ADDRESS				
STREET ADDRESS	COCCUUT OPERICEI COCCO							
CITY-ST-ZIP TITLE			1.4 CITY-:	\$1-ZIP		☐ Cha	nge Addition	
NAME			2.2 NAME					
STREET ADDRESS				ADDRESS		_		
CITY-ST-ZIP			2. 4 CITY-	t t				
TITLE		☐ DELETE	3.1 TITLE			Char	nge Addition	
NAME			3.2 NAME	ĺ				
STREET ADDRESS			3.3 STREE	T ADDRESS				
City-ST-ZIP			3.4. CITY -	ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Char	nge Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY - 1	ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Char	nge 🔲 Addition	
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREE	r address				
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	r address				
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP				
14. I hereby o	ertify that the information supplied with	n this filing does not qual fy for	the exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes. It is shall have the same legal effect as if	further certify that made under path	t the information	

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.