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 # P96000041479

1, Corporation Name

SAN MIGUEL PLASTER, INC

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90050 010 ***150.00



Mailing Address Principal Place of Business 5508 LAKE TERN CT 5508 LAKE TERN CT COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/15/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Busin 5508 65-0663965 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required :-27 22 City & State Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip This corporation owes the current year Intangible ☐ Yes □ No 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NAVARRO, JOSE Street Address (P.O. Box Number is Not Acceptable) 5508 LAKE TERN COURT COCONUT CREEK FL 33073 83 Zip Code 84 City 85 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 (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change ☐ Addition ☐ DELETE 11 TITLE TITLE NAVARRO, JOSE 1.2 NAME NAME 5508 LAKE TERN COURT 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** 1.4 CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 31 TILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ∩ DELETE Change 5.1 TITLE DDE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 61 TTLF TO F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

CR2E034 (11/98)