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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000057841 (4)

E.J. PLASTERING, CORP.

Principal Place of Business

Mailing Address

17901 N.W. 52ND AVENUE MIAMI FL 33055 17901 N.W. 52ND AVENUE

FILED Feb 25 1998 8:00am Secretary of State



MIAMI FL	33055	MIAMI FL 33055		i	DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporated or Qualified		
					07/08/1996		
一つごろ	Place of Business	2a. Mailing Address	- \ _ \		4. FEI Number	A	pplied For
21 853	LUW 3rd 5T	26 7531 NW	3rd 5	7	65-0680868		ot Applicable
Suite, Apt.	#, ejc.	Suile, Apt. #, etc.	Pines F	ı I	5. Certificate of Status Desired	T	Additional
City & Stat		27 たのしついた City & State	1111621	`	A Floring Council of Floring		bequired
23 Pembroke Pines 28				ļ	6. Election Campaign Financing Trust Fund Contribution	,	May Be to Fees
Zip Country Zip			Country	\neg	This corporation owes or has paid the current		
24 F1, 33024 25 Broward 20 33024 5			o Brawar o	ا (ن·	I	_ ` •	No.
, Name and Address of Current Registered Agent					10. Name and Address of New Registered A	Agent	
ALLMAN, IVIONELI				T_{M}	iscell fleman		
i	17901 N.W. 52ND AVENUE				s (P.O. Box Number is Not Acceptable)		
MIAMI FL 33055 8531 Nw 3rd St							
83 R-m				dl	oke Pines		
	•		84 City	_1_1_1_1_1		85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named	corpor	FL		50 ₀ 4
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 4 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Registered Agent signature	required t	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELET E	1.1 TITLE			Change	Addition
NAME	ALEMAN, ENRIQUE J		1.2 NAME				
STREET ADDRESS	17901 N.W. 52ND AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY - ST - ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	ALEMAN, IVISNELY		2.2 NAME				·
STREET ADDRESS	17901 N.W. 52ND AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33055	DELETE	2.4 CITY-ST-ZIP			—	T Addis-
NAME			3.1 TIFLE			Change	Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - 21P				1
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		/	Z Change	Addition
NAME			5.2 NAME			10/	
STREET ADDRESS			5.3 STREET ADDRESS		# /·	M(L)	′ン
CITY-ST-ZIP			5 4 City-St-ZiP		4/_	<i>"</i>	
TITLE		☐ DELETE	61 TITLE		l gononzaaněd	.Change	☐ Addition
NAME			6.2 NAME		90000244066 -02/25/980101703	1	
STREET ADDRESS			6.3 STREET ADDRESS		***150.00	-	
CITY-ST-ZIP	sertify that the information supplied with	this filling does not qualify for t	6.4 City-St-ZiP	tio So		tifu that sk-	information
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 and address.							
		, (X					İ