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 # P96000069169 (6)

PRICE PLASTERING INC.

Principal Place of Business	Mailing Address	
4651 SW 64 CT.	4651 SW 64 CT.	
MIAMI FL 33155	MIAMI FL 33155	

FILED Apr 21 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0689422 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Bo 6. Election Campaign Financing [23 Trust Fund Contribution Added to Fees Country Žιρ Country Zπ 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORONADO, NESTOR 7360 CORAL WAY, STE. 21 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Signature, typed or prodect name of registered agent and title if appts able (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE PRICE, ROBERT NAME 1.2 NAME 4651 SW 64 CT. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PRICE, REBECCA B 2.2 NAME NAME 4651 S.W. 64 CT. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. C(1) Y - S1 - Z(P DELETE Change Addition TITLE 4.1 1IILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7/P Change THTLE DETE 511IILE ■ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-7IP CITY-ST-ZIP DELETE Change Addition 6.1.70TE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-S1-7IP CITY-ST-7IP

14. 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of chapter 607 or on an attactment with an address. Roberta Price