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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071510

1. Corporation Name
Victoria's Dry Wall, Inc

Principal Place of Business
Pompano

Mailing Address
6503 Winfield Blvd 211A
Margate FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08-12-96

2. Principal Place of Business
21 Pompano
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25 Broward

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30 Broward

4. FEI Number
650689367
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Sulma Roxana Zelaya
6503 Winfield Blvd # 211 A
Margate FL 33063

10. Name and Address of New Registered Agent
81 Name Sulma Roxana Zelaya
82 Street Address (P.O. Box Numbers Not Acceptable) 6503 Winfield Blvd # 211 A
83 Margate
84 City FL 85 Zip Code 33063

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: Sulma Roxana Zelaya 04-24-98
(Signature of New Registered Agent required) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	President ☐ Change ☐ Addition
NAME	Sulma Roxana Zelaya	1.2 NAME	Sulma Roxana Zelaya
STREET ADDRESS	6503 Winfield Blvd 211 A	1.3 STREET ADDRESS	6503 Winfield Blvd 211 A
CITY-ST-ZIP	Margate FL 33063	1.4 CITY-ST-ZIP	Margate FL 33063
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	400002551184
STREET ADDRESS		6.3 STREET ADDRESS	-06/08/98--01057--027
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***550.00

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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 report or supplemental attachment 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.

SIGNATURE: Sulma Roxana Zelaya 04-24-98 954-977-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)