

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

0226430

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90186 030 \*\*\*150.00

**DOCUMENT # P96000093295**

1. Corporation Name  
**ALPHA DRYWALL, INC.**



Principal Place of Business  
**4945 S.W. 74TH COURT  
MIAMI FL 33155-4412**

Mailing Address  
**4945 S.W. 74TH COURT  
MIAMI FL 33155-4412**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**11/14/1996**

4. FEI Number

**NOT APPLICABLE 65-0882920**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RAMOS, OSWALDO A  
4945 S.W. 74TH COURT  
MIAMI FL 33155-4412**

10. Name and Address of New Registered Agent

81 Name

**Ramos, Jr, Diana Z**

82 Street Address (P.O. Box Number is Not Acceptable)

**4945 SW 74 CT**

83

84 City

**Miami**

**FL**

85 Zip Code

**33155**

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

*Diana Ramos Jr. President*

**3/3/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, OSWALDO	
STREET ADDRESS	4945 S.W. 74TH COURT	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, DIANA Z	
STREET ADDRESS	4945 S.W. 74TH COURT	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ramos, Jr, Diana Z	
1.3 STREET ADDRESS	4945 SW 74 CT	
1.4 CITY-ST-ZIP	Miami, FL 33155	
2.1 TITLE	YD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Serafini, Lourdes T	
2.3 STREET ADDRESS	4945 SW 74 CT	
2.4 CITY-ST-ZIP	Miami, FL 33155	
3.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rodon, Isabel Ramos	
3.3 STREET ADDRESS	4945 SW 74 CT	
3.4 CITY-ST-ZIP	Miami, FL 33155	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 with an address, with all other like empowered.

SIGNATURE:

*Diana Ramos Jr. President*

**3/3/99** (603) 605-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)