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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700000485 (7)

GRUNE'S DRY WALL, CORP.

Principal Place of Business

Mailing Address

FILED May 19 1997 8:00am Secretary of State



4221 NW 204 STREET MIAMI FL 33055		4221 NW 204 STREET MIAMI FL 33055-1318					
			:	Date Incorporated or Qualified 12/31/1996	3a. Dat	e of Last	Report
	lace of Business	2a. Mailing Address 26 4221 N	w. 2045T.	4. FEI Number	1		Applied For
Suite, Apt	7 N.W. 20451.	26 4221 N Suite, Apt. #, etc.	w. ovysi.	65-07/6030	. 1		Not Applicable
2	#, etc.	27		5. Certificate of Status Desired			Additional Required
City & Stat	ol Coty Fl.	City & State Coly	FL.	Election Campaign Financing Trust Fund Contribution	D2		O May Be d to Fees
33 ^{Zip}	055 Z5 Country	× 33055	Country 30		Yes 🙎	No	s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered A	gent	
	NEWALD, CARLOS		61 Name				
	I NW 204 STREET NI FL 33055		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
• • • • • • • • • • • • • • • • • • • •			83				
•		· •*	B4 City		FL	85 Zig	p Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	urpose of	changing	its registered
office or r agent it a	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flor	rthorized by the corporati ida Statutes.	ion's board of directors. I hereby accep	ot the appo	intment a	as registered
SIGNATURE	3						
BICHATOR	Signature, typed or printed name of registered ago	ent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating)	DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE .	PD	DELETE	1.1 TITLE			Change	Addition
NAME	GRUNEWALD, CARLOS		1.2 NAME		•		
	4221 NW 204 STREET		1.2 NAME 1.3 STREET AODRESS				
STREET ADDRESS							
STREET ADDRESS CHTV+\$T+ZIP	4221 NW 204 STREET	DELETE	1.3 STREET ADDRESS			Change	e 🔲 Additio
STREET ADDRESS CHTY - ST - ZIP CHTLE	4221 NW 204 STREET MIAMI FL 33055	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			Change	e Additio
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STREET ADDRESS CHY-ST-ZIP HILE VAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS CHY-ST-ZIP HILE VAME	4221 NW 204 STREET MIAMI FL 33055 VD GRUNEWALD, ABIDAN 5260 NW 2 TERRACE MIAMI FL 33026 D GRUNEWALD, JUAN 5260 NW 2 TERRACE	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			Change	e [_] Additio
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roo nereby 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 33 if changed, or on an attachment with an address.

SIGNATURE:

OR DIRECTOR

(305) 627-632 Daytime Phone 1 0002127