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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000000485 (7)

GRUNE'S DRY WALL, CORP.

FILED May 19 1998 8:00am Secretary of State

<u> </u>	88 (1) 88 (1) 83) (1	

	4221 NW 204 STREET 4221 NW 204 STREET MIAMI FL 33055 US US US US US 4221 NW 204 STREET MIAMI FL 33055 US		DO NOT WRITE IN THIS :	SPACE			
1				12/31/1996			
2. Principal Pl	ace of Business	2a. Mailing Address	- // -)	4 FEI Number	Applied For		
21 4221	NW 204 St	26 4221 NW	204 St	65-07 16030	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5, Certificate of Status Desired	\$8.75 Additional		
22		27		5, Certificate of Status Desired	Fee Required		
City & State	laity F/.	City & State	, F/.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 3305	Country	^{Zip} 33055 3	Oburtiny O.S.A		Yes No		
	9. Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of New Registered	Agent		
G	RUNE WALD, CARLOS						
AGOA ARM GOA CEDEET			82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33055							
			83]				
			84 City	FL	85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	the above-named co	rogration 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 printed name of registered agent a	od title if applicable (NOTE: F	Registered Agent signature req				
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	☐ DELETÉ	1.1 TITLE		Change		
NAME	GRUNEWALD, CARLOS		1.2 NAME				
STREET ADDRESS	4221 NW 204 STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33055		1.4 CiTY+ST+ZiP				
TITLE	VO	L DELETE	21 TITLE		Change Addition		
NAME	GRUNEWALD, ABIDAN		2.2 NAME	•			
STREET ADDRESS	5260 NW 2 TERRACE		2 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33026	····	2. 4 City-ST-ZIP				
TITLE	D	DELETE	31 TITLE		☐ Change ☐ Addition		
NAME	GRUNEWALD, JUAN		3.2 NAME				
STREET ADDRESS	5260 NW 2 TERRACE		3 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33026		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 THILE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-7IP				

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 trusted 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.