

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 # **P97000001506 (9)**

1. Corporation Name

A B G BUILDING MATERIALS CORP.

Principal Place of Business

~~11133 SW 145TH AVE
MIAMI FL 33186~~

Mailing Address

~~11133 SW 145TH AVE
MIAMI FL 33186~~

FILED
Apr 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

65-0719354

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

2. Principal Place of Business
21 **13801 SW 144TH AVE Road**
Suite, Apt. #, etc.

2a. Mailing Address
26 **13801 SW 144TH AVE Road**
Suite, Apt. #, etc.

22 City & State
MIAMI FLORIDA

27 City & State
MIAMI FLORIDA

24 Zip **33186** 25 Country **DADE**

29 Zip **33186** 30 Country **DADE**

9. Name and Address of Current Registered Agent

**BARBA, ARMANDO
11133 SW 145TH AVE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **BARBA, ARMANDO**
STREET ADDRESS **11133 SW 145TH AVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☐ DELETE
NAME **BARBA, NATIVIDAD**
STREET ADDRESS **11133 SW 145TH AVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VSTD** ☐ DELETE
NAME **BARBA, ARMANDO J**
STREET ADDRESS **14621 SW 110TH TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☐ DELETE
NAME **MONTEJO, LOURDES**
STREET ADDRESS **8380 SW 4TH ST**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☐ DELETE
NAME **BARBA, LIZETTE**
STREET ADDRESS **14621 SW 110TH TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Armando Barba

04/06/98

(205) 378-0922

CR2E034 (10/97)