

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

FILED

Oct 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 # **P97000005961**  
1. Corporation Name **GRANADOS PLASTERING CORP.**

Principal Place of Business: **606 WEST 81 STREET HIWEEAH FL 33014**  
Mailing Address: **APT. 423**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**JANUARY 21, 1997**

2. Principal Place of Business  
21. **606 W 81 STREET**  
22. **423**  
23. **HIWEEAH FL**  
24. **33014**  
25. **U.S.A.**

4. FEI Number **65-0719379**  
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

**LUIS GRANADOS  
606 W 81ST APT 423  
HIWEEAH FL 33014**

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]*

8/14/98

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LUIS GRANADOS</b>	
STREET ADDRESS	<b>606 W 81ST APT. 423</b>	
CITY, ST, ZIP	<b>HIWEEAH FL 33014</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>RIGOBERTO GRANADOS</b>	
STREET ADDRESS	<b>606 W 81ST APT. 204</b>	
CITY, ST, ZIP	<b>HIWEEAH FL 33014</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>900002661109</b>
3.3 STREET ADDRESS	<b>-10/12/98--01004--017</b>
3.4 CITY - ST - ZIP	<b>***300.00</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>900002661109</b>
4.3 STREET ADDRESS	<b>-10/12/98--01004--018</b>
4.4 CITY - ST - ZIP	<b>***250.00</b>
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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/98

305-826-6898

CR2E034 (10/97)