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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9700006074 (3) **DOCUMENT** #

CORNERSTONE DRYWALL SERVICES, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				W1131 WW111 II	1011 0101 1001
3400 SW 111		3400 SW 111 AVE					
MIAMI FL 331	165	MIAMI FL 33165			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified		
Ì					01/15/1997		
2. Principal P	Place of Business	2a. Mailing Address		-	4. FEI Number		Applied For
21 340	o swill Ave	26 3400 SW	III A	/B.	65-0725186		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	- <del>-</del>		5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & Stat	ie 🔺	City & State	21		6. Election Campaign Financing	\$5.00	May Be
23 M/A		28 MIAMI,	Th.		Trust Fund Contribution	Added	to Fees
Zip	Country	Zφ	Country		8. This corporation owes or has paid the curr		_ *
24 331			ع <sup>0</sup> و30	<u> </u>			∐ No
<u> </u>	9. Name and Address of Curren	i Hegistered Agent	81	Name	10. Name and Address of New Registered	gent	
	AMBURO, ANDRES A		6'	Name			
3400 \$W 111 AVE				Street Add	dress (P.O. Box Number is Not Acceptable)		
j MV	AMI FL 33165		83				
			63				
1			84	City		85 Zir	Code
<u></u>					F <u>L</u>		
office or r	redistered agent, or both, in the State.	of Horida, Such channe was a	authorized by	the cornora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appli	changing sintment a	its registered is s registered
agent. La	am familiar with, and account the obliga	itions of, Section 607.0505, Fic	orida Statutes	3.			2,000
SIGNATURE	2000	,			4-22-98		
10	Signature, typed or printed name of registered ago			int signature requ	uired when reinstating) DATE	DIDECTO	DC IN 10
12.	OFFICERS AND PSTD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
, .		TTI ACCES	1.1 TITLE			Change	L3 AUUIUDII
NAME	ARAMBURO, ANDRES A		1.2 NAME				
STREET ADDRESS	3400 SW 111 AVE		1.3 STREET				
CITY-ST-ZIP	MIAMI FL 33165	DELETE	14 CITY-S	T-ZIP		Change	Addition
TITLE	}	☐ OFFERE	2.1 TITLE			Change	L Adollion
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	1			
CITY-ST-ZIP		DELETE	2.4 CITY - S	iT-ZIP		Change	Addition
TITLE		□ Dittele	3.1 TITLE			Change	HODIODA
NAME			3.2 NAME	(22222			
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		DELETE	3.4, CITY - S	11-ZIP		Change	Addition
TITLE		☐ nereie	4.1 TITLE	ļ		LI Unange	III AOUIION
NAME			4 2 NAME	IDADES:			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		□ nci etc	4.4 CITY - S1	I - ZIP		Chanci	Addition
TITLE		☐ DELETE	5.1 TITLE			∟ Change	☐ Addition
NAME	}		5.2 NAME	}			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		T priess	5.4 C/TY-S <sup>1</sup>	T-ZIP			1 1 1 1 1 1 1 1
TITLE		DELETE	61 TITLE	l		☐ Change	
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CITY - S			·	
14. I hereby o	certify that the information supplied wi	th this filing does not qualify to	r the exempt	tion stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tify that th	e information

Indicated on this annual report or supplemental armulal 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.

305-223:5619