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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700036403 (8)

EMPIRE STUCCO, INC.

FILED May 19 1998 8:00am Secretary of State



Disaled Bl	a of Ducinos	Mandaga Antidos -			
Principal Plac		Mailing Address			
17 NANCY LEE AVENUE ORLANDO FL 32807		17 NANCY LEE AVENUE ORLANDO FL 32807			
0.00.00		ONDINGO TE SECOT			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
		•			04/23/1997
	lace of Business	2a. Mailing Address			4. FEL Number 3445274 Applied For
21 Cuita Ant	#	[26]			J i J i J i I Not Applicable
		Suite, Apt. #, etc.	, Apt. #, etc.		5. Certificate of Status Desired
22 2: City & State		City & State			
23	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7φ	Country	/	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Current F	L			10. Name and Address of New Registered Agent
RAI	MOS, JESUS F		81	Name	
	NANCY LEE AVENUE		82	Street A	Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32807					
			83		
			84	City	85 Zip Code
				'	F1_1 1
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					
BIGITATIONE	Signature, typed or printed name of regercies Falger's		Hegistered Ag	ent signature r	e required when reinstating) DATE
12.	OFFICERS AND [13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	RAMOS, JESUS F		1.2 NAME		
STREET ADDRESS	17 NANCY LEE AVENUE			ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	DELETE	1.4 C(TY - !	ST-7IP	Change I Addition
TITLE	DAMOS SALVADOD	ריז חברנונ	2.1 TITLE		Change Addition
NAME ATREET ADDRESS	RAMOS, SALVADOR 7615 UNIVERSITY GARDEN DR.		2.2 NAME		
STREET ADDRESS	WINTER PARK FL 32792		2 3 STREE		
CITY-\$T-ZIP	\$D	OELF TE	2 4 CITY-		S b DX Change Addition
NAME	RAMOS, DOLORES	7	3.2 NAME		
STREET ADDRESS	6551 HIDDEN WLK DR., #A			ADDRESS	Mula L. 100 Ave
CITY-ST-ZIP	WINTER PARK FL 32792		3.4. CITY-	ST-ZIP	Maria L. Nunez 17 Nancylee Ave priando, Fi 32807
TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	RAMOS, SALVADOR		4. 2 NAME	ł	
STREET ADORESS	7615 UNIVERSITY GARDEN DR.		4.3 STREE	ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32792		4.4 CITY- S		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET	ADDRESS	· ·
CITY-ST-ZIP			5.4 CITY- 9	37 - ZIP	
TITLE		DELETE	6.1 TITLE	T	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET	ADDRESS	
CITY-ST-ZIP		·	6.4 CITY - S	i - ZiP	

14. Thereby 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 charged, or on an attachment with an address.