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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham⁷

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000054284 (9)

ACE DRYWALL & DESIGNS INC.

Principal Place of Business	Mailing Address
1300 STIRLING RD. STE. 6B DAMA FL 33004	1300 STIRLING RD. STE. 6B Dania Fl. 33004
2. Principal Place of Business	2a. Mailing Address
<u> </u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt #, etc. 27

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1997 FEI Numbe Applied For 700511 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POULIN, YVES 2790 S.W. 51 TERRACE R2 Street Address (P.O. Box Number is Not Acceptable) **PEMBROKE PARK FL 33023** 84 City 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: typod or preded name of registered agent and title if approable (NO11: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Drest pent TITLE DELETE Change Addition 1.1 TITLE POULIN ues NAME 12 NAME S.W. 51 Tenou STREET ADDRESS 1.3 STREET ADDRESS Pem Broke Park CL. 33004 VICE PRESIDENT DELE CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE 2.1 TITLE ☐ Change Addition Aymond Loiselle 1890 N.W 29 COVET #207 LAUDERD 918 LAKES FL 33313 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY- ST-ZIE Change TITLE Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE , Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITUE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-2IP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - 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. Further certify that the information indicated on this annual report or suppliemental annual report is frue 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 dispoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an altachment with any address.