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

FILED Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000072983 (4) DOCUMENT # CORTES CARPENTRY, INC. Principal Place of Business Mailing Address 2112 LONGWOOD RD. 2112 LONGWOOD RD. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2, Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 65-077416 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zıp Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORTES, ISRAEL 2112 LONGWOOD RD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33409 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.050? 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. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition D TITLE 1.1 TITLE CORTES, ISRAEL NAME 1.2 NAME 2112 LONGWOOD RD. 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Спапре Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 supplienced 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 generating decrease in this grown of the corporation of the generating decrease in Block 13 if changes or on an adjustment with an address SIGNATURE:

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

Change

Addition

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

4