

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90190 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087851 (6)

1. Corporation Name
O.J. WOOD FINISHING, INC.



Principal Place of Business: 8717 NW 117 STREET, BAY 4, HIALEAH GARDENS FL 33018
Mailing Address: 8717 NW 117 STREET, BAY 4, HIALEAH GARDENS FL 33018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1997
4. FEI Number: 65-0800473
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 Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SARAVIA, JOSE ORLANDO
8717 NW 117 STREET
BAY 4
HIALEAH GARDENS FL 33018

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 12 rows for Officers and Directors. Row 1: SARAVIA, JOSE ORLANDO, 8717 NW 117 ST, BAY #4, HIALEAH GARDENS FL 33018.

Table with 12 rows for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, 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] 5-01-99 305-364-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0129855

CR2E034 (10/97)