Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90268 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005943

1. Corporation Name

C.R. DRYWALL & INTERIORS CORP.

Principal Place of Business Mailing Address						1 1001(001 130 10101 10111 00111 1	WIII) BELLI WOLL W	#141 #111# 1#111 #	,)pue
11762 SW 15 STREET 11762 SW 15 STREET									
MIAMI FL 33184 MIAMI FL 33184									
						DO NOT WR	-	SPACE	
					3.	Date Incorporated or Qualifed	j		
						01/20/1998			
2. Principal Place of Business 2a. Mailing Address			. .			FEI Number on 1/2 2	グ		olied For
26					<u>60-000000</u>			Applicable	
¬ •••••, •••		Suite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 A	
22 27							-	Fee Rec	
City & State		City & State	¬ ′		6.	Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to) Fees
Zip	Country	Zip	Country		8.	This corporation owes the cur	rrent year Inta	angible □Yes	⊠No
24	25	29 30	<u>'l</u>			Personal Property Tax.	Popletored (ZINO
	9. Name and Address of Curren	t Registered Agent	81	Name	10.	Name and Address of New	veñistelen i	(gent	
RODRIGUEZ, CLAUDIO A			"	Name		_			
11762 SW 15 STREET			82	Street A	Address (F	P.O. Box Number is Not Accep	table)		_
MIAMI FL 33184				<u> </u>	_				
MINI	WI FL 33 104		83						
			84	City	-			85 Zip C	ode
				1			FL	<u> </u>	
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpo	corporation pration's bo	n submits this statement for the pard of directors. I hereby acce	e purpose of ept the appoir	changing its i itment as reg	registered jistered
SIGNATURE					 _		DATE		\
	Signature, typed or printed name of registered ager			nt signature re	equired when r		DATE	D DIBECTOR	OC IN 12
12.		D DIRECTORS DELETE	13.		<u>'</u>	ADDITIONS/CHANGES TO O	-FICERS AN	☐ Change	Addition
TITLE	10	i Deceie 4			•	· · · · · -			
NAME	RODRIGUEZ, CLAUDIO		1.2 NAME						ļ
STREET ADDRESS		i		TADDRESS					
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY-ST-ZIP					Change	Addition
TITLE		TSD ▼DELETE 2.11						Change	☐ M0010011
NAME	SUAREZ, YOLANDA								
STREET ADDRESS	11762 SW 15 STREET		2.3 STREE	TADDRESS					Ì
CITY-ST-ZIP	MIAMI FL 33184		2.4 CITY-5	IT-ZIP	_				
TITLE	☐ DELETE 3		3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME				•		
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		<u> </u>			i
TITLE	☐ DELETE		4.1 TITLE					☐ Change	Addition
NAME	•		4. 2 NAME	1					}
STREET ADDRESS			4.3 STREE	T ADDRESS					\
CITY-ST-ZIP			4.4 CITY-S	- 1					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME		-	5.2 NAME						İ
STREET ADDRESS			5.3 STREE	T ADDRESS					(
			5.4 CITY-S						1
CITY-ST-ZIP		_ DELETE	6.1 TITLE			~		Change	☐ Addition
HALIE			6.2 NAME	ĺ	. =			•	. =

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP