## 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 #	P98000021	586
Corporation Name	1 00000021	

Country

9. Name and Address of Current Registered Agent

D.V. DRYWALL, INC.

Principal	of	Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

12935 SW 248 TERRACE HOMESTEAD FL 33032

21

22

23

24

Zip

CITY-ST-ZIP

12935 SW 248 TERRACE HOMESTEAD FL 33032

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28 Zip

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## FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90169 003 \*\*\*150.00



DO NOT WRITE IN THIS SI	PACE
Date Incorporated or Qualifed	•
03/06/1998	
FEI Number	Applied For
5- <i>0</i> 81'1640	Not Applicable
Certificate of Status Desired	\$8.75 Additional Fee Required

 40	Name and Address of New Pa	nistered Agent	
	Personal Property Tax.	☐Yes	XĮΝο
8.	This corporation owes the curre		$\mathbf{V}$
	Trust Fund Contribution	Adde	to Fees

6. Election Campaign Financing

3.

5.

XINo
XINo

\$5.00 May Be

VILLALOBOS, DABOBERTO 12935 SW 248 TERRACE HOMESTEAD FL 33032

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•	to. Hame and the rest of the region of the r
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.

Country

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SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Change TITLE PTD ☐ DELETE 1.1 TITLE VILLALOBOS, DABOBERTO 1.2 NAME NAME 12935 SW 248 TERRACE STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 33032 1.4 CITY-ST-ZIP CiTY-ST-ZiP Change Addition ☐ DELETE TITLE 2.1 TITLE VILLALOBOS, MIRIAM NAME 2.2 NAME 12935 SW 248 TERRACE 2.3 STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33032** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

DelRio-Villalobos2

CR2E034 (11/98)