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 06-20-2000 90009 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000	FLORIDA DEPARTMENT OF STATE Katherine Harns Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

998 000051602

LWC, INC.

Principal Place of Business C/O Jose Baez Sr. 800 S.W. 21 Terrace FT. LAUDERDALE, FL 33312	Mailing Address C/O JOSE BAEZ SR. PO BOX 1006 FT. LAUDERDALE, FL 33302
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 MAY 5, 1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. P.O. Box 571	26. C/O JOSE BAEZ SR.	65-0845466	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22. N/A	27. PO BOX 1006	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
City & State	City & State	8. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
23. FT. Laud, FL	28. FT. LAUDERDALE, FL	Trust Fund Contribution	
Zip	Country	29. 33302	30. USA
24. 33302	25. USA	31. 33302	32. USA

9. Name and Address of Current Registered Agent

JOSE BAEZ SR.
 PO BOX 1006
 FT. LAUDERDALE, FL 33302

10. Name and Address of New Registered Agent

81. Name	JOSE BAEZ SR. C/O LAUMAR ROOFING SOUTH
82. Street Address (P.O. Box Number is Not Acceptable)	800 SW 21 TERRACE
83.	
84. City	FT. LAUDERDALE
85. Zip Code	FL 33312

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT JOSE BAEZ SR. PO BOX 1006 FT. LAUDERDALE, FL 33302	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/00

Daytime Phone #

CR2E034 (1/98)