


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90072 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # P98000062634 1. Corporation Name CREATION DRYWALL, INC.															
Principal Place of Business 15629 SW 73RD CIRCLE TERR APT. 92 MIAMI FL 33193		Mailing Address 15629 SW 73RD CIRCLE TERR APT. 92 MIAMI FL 33193													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country													
9. Name and Address of Current Registered Agent NEVOT, NIRIA 4240 WEST 1ST AVE. HIALEAH FL		10. Name and Address of New Registered Agent 81 Name Abel Fiallo 82 Street Address (P.O. Box Number is Not Acceptable) 15629 SW 73 circle TR # 92 83 City Miami FL 85 Zip Code 33193													
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 <i>[Signature]</i> DATE 5/14/99															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FIALLO, ABEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15629 SW 73RD CIRCLE TERR APT. 92</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33193</td> <td></td> </tr> </table>				TITLE	D	<input type="checkbox"/> DELETE	NAME	FIALLO, ABEL		STREET ADDRESS	15629 SW 73RD CIRCLE TERR APT. 92		CITY-ST-ZIP	MIAMI FL 33193	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP					
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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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Abel Fiallo** **President** **05/26/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)