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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P98000077086

1, Corporation Name

RIO DRYWALL, INC.

Principal	Place of	Business	

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90019 048 \*\*\*150.00



3883 NW 1ST DR. DEERFIELD BCH FL 33442		3883 NW 1ST DR. DEERFIELD BCH FL 33442				DO NOT WRITE IN THIS SPACE				
						-	3. Date Incorporated or Qualifed 09/04/1998			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number 65 - 08 7432	$\delta$	<u> </u>	plied For
21		26					65-087700	<del></del>		t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	)	City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip .	Country Zip 25 29 30			Country			8. This corporation owes the current Personal Property Tax.			□Ņo
<del> </del>	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New I	Registered A	gent	
			1	81	Nam	ne				1
CORPORATION SERVICE COMPANY 1201 HAYS STREET		1	82	Stree	et Address (P.O. Box Number is Not Acceptable)					
TALL	AHASSEE FL 32301-2525		1	83						-"
~~			,	84	City			Fl.	85 Zip C	Code
				~			ation as beginning this attachment for the		hanging its	registered
-11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au	horized	ove by t	-name the co	ed corpora rporation's	ston submits this statement for the s board of directors. I hereby acce	pt the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statui	es.				4/2	5/90	3
SIGNATURE	Signature, typed or printed name of registered ager	( O )	enistered A	icent	signatur	re required w	hen reinstating)	DATE	<del>" / /</del>	<u></u>
12.		ID DIRECTORS	13.	gont	Jig initia	TO TOQUE	ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTO	RS IN 12
TITLE	D.	☐ DELETE	1.1 TITL	.E					Change	Addition
•	CAVEDO, MONICA	_	1.2 NAM							ļ
NAME	3883 NW 1ST DR.				ADDRES	22				
STREET ADDRESS			1.4 CITS			~				
CITY-ST-ZIP	DEERFIELD BCH FL 33442	[] DELETE	2.1 TITL		-211				Change	Addition
TITLE	De maria da	٠٠	2.2 NAM							
NAME	3893 NW 1St DR				ADDRES	ee				
STREET ADDRESS	32.06%	1, Fl 33442				∞				
CITY-ST-ZIP		DELETE	2. 4 CIT		I-ZIP		<del></del>		Change	Addition
TITLE	O La Cava Tau		3.1 TITE							
NAME	Genildo Gara Jan	<b>⊢</b>	3.2 NAM							}
STREET ADDRESS	ay+ No 53 street	33442			ADDRES	SS				
CITY-ST-ZIP	Pampamo 13. F1		3.4. CIT		r-ZIP				Change	Addition
TITLE	0	☐ DELETE	4.1 TITL	Æ					☐ Change	C Addition )
NAME	vanderlei traka T	an	4. 2 NA	ME						ŀ
STREET ADDRESS	6165 cem note + parfate, Fl 336	rerrace	4.3 STR	REET	ADDRES	ss				
CITY-ST-ZIP	Margate 178 336		4.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETÉ	5.1 TATL	E					Change	☐ Addition
NAME			5.2 NAM	ME						
STREET ADDRESS			5.3 STR	REET	ADDRES	ss	•			
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP		<u>_</u>			
TITLE		☐ DELETE	6.1 TITL	LΕ					Change	Addition
NAME	· .	es A	6.2 NAM	ME						
STREET ADDRESS	·		6.3 STR	REET.	ADDRES	ss				ļ
SINCE I ADDINESS	,		64 CIT	V. ST	r. 7IP					ļ

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 of 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 attachment with an address, with all other like empowered.