## 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 # P98000078762 1. Corporation Name

ERREGUIN DRYWALL INC.

Principa Place of Business	
15530 SW 300 STREET HOMESTEAD FL 33030	
HOMESTEAD FT 33030	

Mailing Address

15530 SW 300 STREET HOMESTEAD FL 33030

2.	Principal Place of Business	2a.	Mailing Address			_
21	15530 SW 300 ST.	26	15530	SW	006	ST
	Suite. Apt. #, etc		Suite, Apt. #, etc			_
22		27				
	City & State		City & State		_	
23	Homestead Florida	28	Homest	ead	. +1	orida
	Zip Country		2 (P)		Country	
24	33030 [25] Dade	29	050EE	30	Oa	9
	9 Name and Address of Current F	2eais	tered Agent		1	_

ERREGUIN, JAVIER 15530 SW 300 STREET **HOMESTEAD FL 33030** 

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99 FEB 19 PH 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NO	î writ	E IN	THIS	SPAC	1

		Date Incorporated or Qualifed 09/11/1998 FET Number		Įv	Applied For Not Applicable
	5.	Certificate of Status Desired	[]	\$8	75 Additional to Required
a	6.	Election Campaign Financing Trust Fund Contribution	[]	,	.00 May Be ded to Fees
i		This corporation owes the curr Personal Property Tax		( lyes	LINo
- Idres <b>S</b> C		Name and Address of New F Quin Javier Quitox Number is Not Accepta Sw 300 STR	ible) _		
16:	٠+	ead	F	L [85]	Zip Code 33030

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

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83

SIGNATURE	E - canno Devenal Te	r 001:0300, 1 long	a Gunares.	Feb. 13.1999
SIGNATURE	Signature, typod consisted name of registerer agent and tille if applicable	C. INOTE R	e jedere l'Agent signature de p	onedwite reliablego DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[   DELETE	1 1 7   7   E	[   Change
NAME	ERREGUIN, JAVIER		12 NAME	10000027860071 <sub>(1)</sub> 6
STREET ADORESS	15530 SW 300 STREET		13 STREET LADDRESS	-02724 <b>/9</b> 901091~-019
C/TY-ST-Z/P	HOMESTEAD FL 33030		14 CITY-S*-2(6)	****\$50,00 ****150,00
TITLE		[ ] DELETE	21 TITLE	[ ] Change
NAME			2.2 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			2 4 City-St-ZiP	
TITLE		[ ] DELETE	3 1 THTLF	[   Change   [ ] Add tion
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34 OTY-ST-ZiP	
TITLE		[ ] DELETE	4 1 TITLE	[  Change   [  Addition
NAME			4 2 NAVII	
STREET ADORESS			43 STREET ADDRESS	
CITY-ST-ZIP			4.4.C(1) - \$7 - Z(P	
TITLE		[ ] DELETE	51 TILLE	["] Change ["] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	
CITY-ST-ZIP			54 CiTY-ST-ZiP	
TITLE		[   DELETE	61 Tirle	[]Change []Add:on
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY+ST+Zi23	

14. 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.

Feb. 13.1999

(305) 245-8144