


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90049 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P98000097242**

1. Corporation Name  
**STH PLASTERING INC.**

562949 - 90009 - 20

Principal Place of Business

4861 NW 8TH DR.  
 PLANTATION FL 33317

Mailing Address

4861 NW 8TH DR.  
 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City &amp; State

28 Zip

Country

4. FEI Number

65-0877551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

☐

\$5.00 May Be  
 Added to Fees

8. This corporation owes the current year Intangible  
 Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ST. HILAIRE, ANTOINE  
 4861 NW 8TH DR.  
 PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

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

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Emmanuel St. Hilaire	
STREET ADDRESS	5066 Island Club Drive	
CITY-ST-ZIP	Tamarac FL 33319	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Antoine St. Hilaire	
STREET ADDRESS	4861 NW 8th Drive	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Antoine St. Hilaire		
1.3 STREET ADDRESS	4861 NW 8th Drive		
1.4 CITY-ST-ZIP	Plantation FL		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emmanuel St. Hilaire

05-11-99 (954) 484 3625  
 Date Daytime Phone #

CR2E034 (11/98)