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 # P98000098477 1. Corporation Name

V.G. DRIWALL, INC.

Mailing Address Principal Place of Business

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90014 010 ***150.00



801 NW 47 AVE STE 511W MIAMI FL 33126	801 NW 47 AVE STE 511W MIAMI FL 33126				DO NOT WRITE IN TH	IIS SPACE	<u> </u>
					3. Date Incorporated or Qualifed 11/23/1998		
2. Principal Place of Business	2a. Mailing Addr	2a. Mailing Address			4. FEI Number	L	Applied For
21	26				65-0877466		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	City & State			1		.00 May Be Ided to Fees
Zip Country 24 25	Zip 29	Co.	intry		This corporation owes the current year Personal Property Tax.	Intangible Yes	
9. Name and Address of	Current Registered Agent	10. Name and Address of New Registered Agent					
VIII ADIFCO IODCE I		-	81	Name			
VILLADIEGO, JORGE L 801 NW 47 AVE STE 511W		82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33126			83	·			
			84	City	F	L 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: Re	gistered Agent signature rec	quired when reinstating) DATE				
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD 🗆 D	ELETE	1.1 TITLE		Change	☐ Addition		
NAME	VILLADIEGO, JORGE L		1.2 NAME					
STREET ADDRESS	801 NW 47 AVE STE 511W		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP					
TITLE		ELETE	2.1 TITLE		Change	☐ Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE		ELETE	3.1 TITLE] Change	☐ Addition		
NAME	•		3.2 NAME			J		
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE	□ D	ELETE	4.1 TITLE	_] Change	☐ Addition		
NAME			4. 2 NAME			(
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	□ D	ELETE	5.1 TITLE] Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS			}		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		ELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS		•	6.3 STREET ADDRESS					
CITY-ST-ZIP			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:

Daytime Phone #