

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 # P98000101985					
1. Corporation Name 2000 HOME IMPROVEMENT CORPORATION					

FILED

MAY 12 AM 10:45

TALLAHASSEE, FLORIDA

Principal Place of Business 7930 N.W. 36th STREET MIAMI, FL 33166	Mailing Address
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DO NOT WRITE IN THIS SPACE

3. 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		4. FEI Number 65-0880320		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		6. Election Campaign Financing ☐		7. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No		8. Additional Fee Required \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DIEGO OSPINA 8695 N.W. 6th LANE APT 109 MIAMI, FL 33126				10. Name and Address of New Registered Agent			
11. Pursuant to the provisions of Sections 807.0502 and 807.1506, 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 807.0505, Florida Statutes.				12. Name 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Zip Code			

SIGNATURE

Signatures, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE DIEGO OSPINA 8695 N.W. 6th Lane APT.109 Miami, FL 33126	☐ Change ☐ Addition	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☒ Addition	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

CR20034 (1/98)

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****158.75 ****158.75

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 807, 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:

Diego Ospina

DIEGO OSPINA, PRES. 05/11/99

305-972-7010

PRINTED NAME AND ADDRESS OF THE REGISTERED AGENT OR DIRECTOR

Date

Daying Phone