

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V00144** (8)

1. Corporation Name

TIMBERLAND WOOD PRODUCTS CORP.

Principal Place of Business

**1110 E. 13TH ST.
HALEAH FL 33010**

Mailing Address

**7951 SW 40TH STREET
SUITE 200
MIAMI FL 33155
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/12/1991		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0301082		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CORREDOR, PABLO
9169 SW 72ND AVE., N-1
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81	Name	PABLO CORREDOR
82	Street Address (P.O. Box Number is Not Acceptable)	3630 JUSTISAN Rd
83		
84	City	MIAMI
FL	85	Zip Code
		33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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]

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP
	VDP	CORREDOR, PABLO E.	9169 SW 72ND AVENUE N1 MIAMI FL		VDP	PABLO CORREDOR	3630 JUSTISAN Rd MIAMI FL 33133
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent or authorized employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in change 1, or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96 305 2616287

CR2E034 (12/95)