

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

98 NOV -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V00144

1. Corporation Name

timberland wood products corp.

Principal Place of Business

Mailing Address

1110 E. 13 Street, Hialeah, FL 33010

3. Date Incorporated or Qualified

12-12-91

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0301082

Applied For

Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

24

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PABLO CORREDOR
3630 JUSTISON DR
Miami, FL 33133

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 of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVPSTD
NAME PABLO CORREDOR
STREET ADDRESS 3630 JUSTISON DR
CITY-ST-ZIP Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700002683847-7
-11/10/98-01010-002
***315.00 ***315.00

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

NOV-28-1998

TO: DIVISION OF CORPROATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

REF: TIMBERLAND WOOD PRODUCTS CORP.
DOC.# V00144

TO WHOM IT MAY CONCERN:

I AM ENCLOSING THIS LETTER ALONG WITH A CHECK OF \$315.00
TO COVER THE 1997-98 ANNUAL REPORT. THE REASON OF MY DELAY
WAS BEACUASE I HAD A CHANGE OF MAILING AND PRINCIPAL ADDRESS
I NOTIFIED YOUR OFFICE TO MY FASTES CONVINIENCE. PLEASE ACCEPT
THIS CHECK TO COVER THE PROPER ANNUAL REPORT FEES AND IF YOU
SHOULD HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CONTACT
ME. THANK YOU IN ADVANCE FOR ALL YOUR HELP.

TRULY YOURS,
PABLO CORREDOR
PRESIDENT

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA