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Mar 18 1997 8:00am
Secretary of State

PROFIT
 CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # V14712 (6)
 1. Corporation Name
TWENTY NINE LUMBER & HARDWARE CORP.

Principal Place of Business: **728 NW 29TH ST. MIAMI FL 33127 US**
 Mailing Address: **728 NW 29TH ST. MIAMI FL 33127-3829 US**

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:
 25: Country: 30: Country:

3. Date Incorporated or Qualified: **02/17/1992**
 3a. Date of Last Report: **08/16/1996**
 4. FID Number: **65-0316557**
 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 has liability for intangible tax under s. 193.052 Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

PINO, RAUL F. ESQUIRE
2440 CORAL WAY
MIAMI FL 33145

81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 City:
 84 City:
 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 007.001 and 007.002, 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 007.005, Florida Statutes.

SIGNATURE: _____ DATE: _____
 (Signature of Registered Agent) (Date of Signature)

12. OFFICERS AND DIRECTORS:
 TITLE: **PTD** DELETED
 NAME: **ORIOLO, PAVON**
 STREET ADDRESS: **1020 NW 35 AVE**
 CITY - ST - ZIP: **MIAMI FL**
 TITLE: DELETED
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETED
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETED
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETED
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
 1. TITLE: Change Addition
 2. NAME: **PTD**
 3. STREET ADDRESS: **ORIOLO, PAVON**
 4. CITY - ST - ZIP: **2901 SW 104CT**
 5. CITY - ST - ZIP: **MIAMI, FL 33165**
 6. NAME:
 7. STREET ADDRESS:
 8. CITY - ST - ZIP:
 9. TITLE: Change Addition
 10. NAME:
 11. STREET ADDRESS:
 12. CITY - ST - ZIP:
 13. TITLE: Change Addition
 14. NAME:
 15. STREET ADDRESS:
 16. CITY - ST - ZIP:

14. I do hereby certify that the information applicable to this filing does not qualify for the exemption stated in Section 193.04(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or statement of information report is true and accurate and that my signature shall have the same legal effect as if made under oath, if I am an officer or director of the corporation or the registered office or agent, as indicated on the report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of office or registered agent with an address.

SIGNATURE: _____ DATE: _____
 (Signature of Registered Agent) (Date of Signature)

CR2E064 (9-96)