## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V66056

(5)

**CACERES DRYWALL CORP** 

## **FILED** May 16 1997 8:00am Secretary of State



			!					
Principal Plac		Mailing Address 14984 S.W. 93 STREET		·	-{           1 1984) \$11840 \$1440 \$1441 \$1441 \$1441 \$1441 \$1441 \$1441 \$1441 \$1441 \$1441 \$1441 \$1441	#1011 DIGII 011	IA BIUIH U	1811 BIBIK <b>188</b> 1
MIAMI FL 331		MIAMI FL 33196-1671	:					
			:				of Last Report 1/1996	
	lace of Business	2a. Mailing Address			4. FEI Number 65-0358402		<del>-</del>	Applied For
21 Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					<del></del>	Not Applicable  Additional
22 City & Stet	· .	27	;		5. Certificate of Status Desired			Required
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution			May Be
	Country	Zip	Country		8. This corporation has liability for a			
24	25	29	30			Yes 🔲		G. 105.00L,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Ag	gent	
	CERES, LAURA M.		81 1	Varne				
14984 S.W. 93 ST. MIAMI FL 33196			82 8	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
MIC	WI LF 22.190		83					
			84 (	Na .			1221 =	
				City		FL		p Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was lations of Section 607.0505. F	ites, the above n authorized by the foride Statutes	amed corp le corporati	oration submits this statement for the pion's board of directors. I hereby accep	urpose of c t the appoi	hanging ntment	its registered as registered
SIGNATURE			ional ofatolos.					
12.	Signature, typed or printed name of registered agr	ent and title if applicable. (NO ID DIRECTORS	TE: Registered Agent s	gnature require	<del></del>	DATE	NDCOT	202 11 12
TITLE	PV8	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Chang	<del></del>
NAME	CACERES, LAURA M.		1.2 NAME			·	onong	5
STREET ADDRESS	14984 S.W. 93 STREET		1.3 STREET ADI	DRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-Z	IP.				
TITLE	TO COURSE A ALIDA M	☐ DEŁETE	2.1 TITLE			Ĺ	Chang	e 🔲 Additior
NAME	CACERES, LAURA M. 14984 S.W. 93 STREET		2.2 NAME					
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		2.3 STREET ADI					
TITLE	0	DELETE	3   TITLE	zir			Chang	e Addition
NAME	CACERES, JORGE E		3.2 NAME				·	
STREET ADDRESS	14984 S.W. 93RD STREET		3.3 STREET ADI	DRESS				
CITY-ST-ZIP	MIAMI FL 33198		3.4. CITY - ST - 2	7IP				
TITLE		☐ DELETE	4.1 TITLE			L	Chang	e L Addition
NAME OTREET ADDRESS			4. 2 NAME	DOS OC				
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADD 4.4 City-St-Z					
TITLE		DELETE	5.1 TITLE	.11			Chang	e Addition
NAME			5.2 NAME				_	
STREET ADDRESS			5.3 STREET ADI	DRESS				
CITY-ST-ZIP	. ****	D 000 000	5.4 City-St-Z	IP .			7 &	
TITLE		☐ DELETE	6.1 TITLE			L	Chang	e 🔲 Additior
NAME STREET ADDRESS			6.2 NAME	noree				
CITY-ST-ZIP			6.4 CITY-ST-Z					
UII 1-01-2IF			0.4 0117 - 51 - 2	if				

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.