## 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

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90037 009 \*\*\*150.00

## DOCUMENT # **V66056** 1. Corporation Name

CACERES DRYWALL CORP.

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Principal Place	of Rusiness	Mailing Address				i sedit bugu bilig bust deibt bit:	R BIST BIBIT BYBIT A	ibli arası ai	Alt Bien ieel
•	'								
14984 5.W. 93     MIAMI FL 33196	384 S.W. 93 STREET 14984 S.W. 93 STREET AMI FL 33196 MIAMI FL 33196								
	20120 MINWHILE 20120.			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed			Ì
]						09/21/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21	· · · · · · · · · · · · · · · · · · ·	26				65-0358402			Applicable
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.		5. Certifcate of Status Desired		<b>8.75</b> A Fee Red		
22		27							
City & State	•	City & State			ļ	6. Election Campaign Financing		<b>\$5.00</b> i Added to	
23	Courts a 7 m	Zip	- Cou	ntry =		Trust Fund Contribution  8. This corporation owes the curre	ni vica latana		71-603
Zip	Country	<u> </u>	30	iiiiy –		Personal Property Tax.		Yes	□No
24	25 9. Name and Address of Curren	29 Agent	[30]	!		10. Name and Address of New Ro			
<del> </del> -	a. Italiie and Address of Outlet			81 N	lame				
CACI	ERES, LAURA M.			<u> </u>		(D. D. M. )			
	4 S.W. 93 ST.	;		<b>82</b>   S	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)		
	II FL 33196			83					
								<del></del>	
				<b>84</b> C	City		FL	5 Zip C	ode
AA Bussuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the al	hove-na	amed cornor	ration submits this statement for the c	umose of cha	naina its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	d by the	corporation	's board of directors. I hereby accept	the appointm	ent as reg	gistered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	nda Stati	utes.					j
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE	· Registered	Agent sig	nature required w	when reinstating)	DATE		<del></del>
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND E	IRECTO	RS IN 12
TITLE	PVS	☐ DELETE	1.1 Π	TLE				Change	Addition
NAME	CACERES, LAURA M.		1.2 NA	AME .	Ì				)
STREET ADDRESS	14984 S.W. 93 STREET	•	1.3 ST	TREET ADI	DRESS				"
CITY-ST-ZIP	MIAMI FL		1	TY-\$T-ZI	J				
TITLE	TD	☐ DELETE	2.1 11					Change	☐ Addition
NAME	CACERES, LAURA M.		2.2 NAME						ł
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TITLE _	0	DELETE .	3.1 10					Change	Addition
NAME	CACERES, JORGE E		3.2 N	AME	ĺ				
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CITY-ST-ZIP	MIAMI FL 33196		3.4, C	ITY-ST-Z	IP				
TITLE		☐ DELETE	4.1 10		_			Change	Addition
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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 informative 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR