SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:47

DO NOT WRITE IN THIS SPACE

DOCUMENT # 553697 (4)

1. Corporation Name

NINO'S PLASTERING, INC.

Principal Place of Business	Mailing Address
~~20 NE 161ST ST~~ ~~N MIAMI BEACH FL 33162~~	~~20 NE 161ST ST~~ ~~N MIAMI BEACH FL 33162~~

3. Date Incorporated or Qualified: 09/26/1977	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1767661	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 13711 S.W. 16 St.	26 same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Davie, FL	28 City & State
24 Zip: 33325 · 25 County: Dade	29 Zip · 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRACCIALE, NINO	81 Name
~~20 NE 161ST ST~~	82 Street Address (P.O. Box Number is Not Acceptable): 13711 SW 16 St.
~~N MIAMI BEACH, FL~~	83
~~33162~~	84 City: Davie · FL · 85 Zip Code: 33325

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: Nino Bracciale, VS — Nino Bracciale — 6/27/95

12. OFFICERS AND DIRECTORS		13.	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	BRACCIALE, JANE	1.2 NAME	
STREET ADDRESS	~~20 NE 161ST ST~~	1.3 STREET ADDRESS	13711 SW 16 St.
CITY-ST-ZIP	~~N MIAMI BEACH, FL 00000~~	1.4 CITY-ST-ZIP	Davie, FL 33325
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	BRACCIALE, NINO	2.2 NAME	
STREET ADDRESS	~~20 NE 161ST ST~~	2.3 STREET ADDRESS	13711 SW 16 St.
CITY-ST-ZIP	~~N MIAMI BEACH, FL 00000~~	2.4 CITY-ST-ZIP	Davie, FL 33325
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Jane Bracciale (JANE BRACCIALE) 6/27/95 (305. 476 8654)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (3/95)

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