FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham

ANNUAL REPORT

1996

Secretary of State DIVISION OF CORPORATIONS

H63043 **DOCUMENT #**

(4)

MINHMURALS SPECIALIST INC.

Principal Place of Business Mailing Address

700 W HALLANDALE BEACH BLVD HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

700 W HALLANDALE BEACH BLVD HALLANDALE FL 33009

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

APPROVED AND FILED

1996 DEC -2 AH 10: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Applied For

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

REINSTATEMENT ALPRICATE 3. Date incorporated or Qualified 3a. Date of Last

06/20/1985

59-2541571

5. Certificate of Status Desired

6. Election Campaign Financing

23			28					J Trust Fund Con	tribution		Adde	d to Fees	
Zip		Country	Zi	9	_ a	untry		8. This corporation	has liability for	or intangible ta	x under s	199.032,	\neg
24	1-	25	29		30			Florida Statutes	ΠÍΥ	'es □No			- 1
	9. Name (and Address of Current	10. Name and Address of New Registered Agent										
						31	Name						
ROSARIO, RICHARD							82 Street Address (P.O. Box Number is Not Acceptable)						
700 W HALLANDALE BEACH BLVD						102	Siledi Addres	55 (F.O. BOX HUITIDGE	ולפטר זיווי פי	шлеј			
HALLANDALE FL 33009					83			**-					
		50000					! 						
						84	City			FI	85 Zi	p Code	
11. Pursuant t	to the provisio	ns of Sections 607.0502	nd 607.1	508. Florida Statute	s, the at	OVe-r	amed comorate	tion submits this state	ment for the r	numose of che	poinc its r	noistanad c	office
or register	ed agent, or t	oth, in the State of Florida t the obligations of, Section	. Such ch	ange was authorize	ed by the	сопр	oration's board	of directors. I hereby	accept the a	ppointment as	registered	agent. I ar	m
	an, and accept	t the obligations of, section	007.000	o, rionda Statutes.					0	17-1	91-		
SIGNATURE _	Signal Product	privided margia of registered agent a	ri title it cook	ania Bri	ft- Donate	ad 40	t elignature required v	then related attach	<u> </u>	1 1000	10		_
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CITY-ST-ZIP		NDALE FL				CITY-S	T-ZIP						
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NAME		CILLA, MARIA E.			42	NAME							
STREET ADDRESS		HALLANDALE BCH B	/D		4.3	STREET	ADDRESS						
CITY - BT -ZIP	HALLA	NDALE FL			4.4	CITY-S	T- ZIP						: 1:
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NAME 1	1				5.2	NAME							. P
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14. I do hereb	y cortify that t	he information supplied w	th this filin	g is voluntarily tumi	shed an	does	not quality for	the exemption stated	in Section 11	19.07(3)(k), Flor	dn Statut	es, I further	
certify that oath; that i appears in	i ine informatik I am an office i Block 12 or I	he information supplied wi on Indicated on this annua r or director of the corpora Block 19 iffichanged, or or	report or ition or the an altach	supplemental annu receiver or trustee ment with an addre	izi reperl empow ess. A	is tru ered t	e and accurate o execute this :	end that my signature report as required by	e shall have th Chapter 607,	ne same legal e Florida Statute	ffoct as if	mode unde it my hame	or /a