

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L40834** (8)

1. Corporation Name
J. MORI PAINTING INC.



Principal Place of Business: **2498 W. 3RD COURT HIALEAH FL 33010 US**
Mailing Address: **2498 W. 3RD COURT HIALEAH FL 33010 US**

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

3. Due to Corporate Tax Code? **01/03/1990**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0167126**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing / Trust Fund Contribution: **\$8.75 Additional Fee Required** **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**MORI, JOSE L.
5970 NW 110TH TERR
HIALEAH FL 33012**

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 Section 607.071(2)(b), Florida Statutes, the above named corporation, state to this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent familiar with, and accept the obligations of, Section 607.071(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORI, JOSE F.	2. NAME	
STREET ADDRESS	3225 WEST 14TH COURT	1. STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	1400 W. ST. ZIP	
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORI, JOSE L.	2. NAME	
STREET ADDRESS	5970 NW 110TH TERR	2. STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	2400 W. ST. ZIP	
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACERES, JUAN C.	3. NAME	
STREET ADDRESS	4630 W. 9TH AVE.	3. STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	
TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		7. CITY, ST, ZIP	

14. I do hereby certify that the information supplied to this Bureau is true and correct, and that I am an officer or director of the corporation or the registered agent, as appears in Block 12 or Block 13 if changed, or other information with an address.

SIGNATURE: *[Signature]* DATE: **4/10/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **(S) 883-3342**

CR2E084 (12/95)