FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
1995 MAR -2 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000079192 (9)

1. Corporation Name
THE PAINTER'S STORE [redacted], INC.

Principal Place of Business	Mailing Address
C/O RICARDO E. PINES P.A. 3301 PONCE DE LEON BLVD. STE. 200 CORAL GABLES FL 33134	C/O RICARDO E. PINES P.A. 3301 PONCE DE LEON BLVD. STE. 200 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0452103 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PINES, RICARDO E
C/O RICARDO E. PINES P.A.
3301 PONCE DE LEON BLVD. STE. 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	SUAREZ, LEWIS	1.2 NAME	ZUCCARO, ARNALDO	
STREET ADDRESS	3301 PONCE DE LEON BLVD. STE. 200	1.3 STREET ADDRESS	3301 Ponce de Leon Blvd. / Ste. 200	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VTD	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	ZUCCARO, ARNALDO	2.2 NAME	ZUCCARO, Camilo	
STREET ADDRESS	3301 PONCE DE LEON BLVD. STE. 200	2.3 STREET ADDRESS	3301 Ponce de Leon Blvd. / Ste. 200	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		3.1 TITLE	TD	☐ Change ☑ Addition
NAME		3.2 NAME	ZUCCARO, Paolo	
STREET ADDRESS		3.3 STREET ADDRESS	3301 Ponce de Leon Blvd. / Ste. 200	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
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	OLD	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	3-2	
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: [signature] PRESIDENTE/Feb 14,95 (305)8566730
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0141710 CP