

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000079192 (9)**

1. Corporation Name

THE PAINTER'S STORE, INC.



Principal Place of Business

Main 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~~

2. Principal Place of Business

2a. Main Address

21 **2503 Coral Way**
Suite, Apt. #, etc.

26 **2503 Coral Way**
Suite, Apt. #, etc.

22
City & State

27
City & State

23 **Miami, FL**
Zip

28 **Miami, FL**
Zip

24 **33145** 25 **U.S.A.**

29 **33145** 30 **U.S.A.**

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**

81 Name

82 Street Address, P.O. Box Number (Not Applicable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of the terms of the certificate of incorporation and the Florida Statutes, the undersigned hereby certifies to the public for the purpose of changing its registered office or registered agent, or both, that the undersigned was duly authorized by the corporation's board of directors to thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.07(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZUCCARO, CAMILO	
STREET ADDRESS	3301 PONCE DE LEON BLVD. STE. 200	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ZUCCARO, ARNALDO	
STREET ADDRESS	3301 PONCE DE LEON BLVD. STE. 200	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZUCCARO, PAOLO	
STREET ADDRESS	3301 PONCE DE LEON BLVD. STE. 200	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zuccaro, Camilo	
STREET ADDRESS	2503 Coral Way	
CITY-STATE-ZIP	Miami, FL 33145	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zuccaro, Arnaldo	
STREET ADDRESS	2503 Coral Way	
CITY-STATE-ZIP	Miami, FL 33145	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zuccaro, Paolo	
STREET ADDRESS	2503 Coral Way	
CITY-STATE-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and correct, and that I am an officer or director of the corporation for the purpose of the filing. I understand the consequences of providing false information and that my name appears in Block 12 or Block 13 if changed, in accordance with an address.

SIGNATURE:

Arnaldo Zuccaro

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

(305) 856 67 30

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***200.00

Handwritten:
3-28-96
2/8

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