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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000033661 (7)

1. Corporation Name
FIRST QUALITY PAINTING, INC.



Principal Place of Business: 4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 33942
Mailing Address: 4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 34104-7008

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 05/01/1996

21. Principal Place of Business 9650 Victoria Lane Suite, Apt #, etc. Unit B-305 City & State Naples, Florida Zip 34109	22. Mailing Address 9650 Victoria Lane Suite, Apt #, etc. Unit B-305 City & State Naples, Florida Zip 34109	23. Country USA	24. Country USA	25. Country USA	26. Country USA	27. Country USA	28. Country USA	29. Country USA	30. Country USA	4. FEI Number 65-0483451	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ALICE, MEIR 4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 33942	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9650 VICTORIA LANE UNIT B-305 83 City NAPLES FL 85 Zip Code 34109
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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: *meir Alice*
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ALICE, MEIR 4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 34104	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T BURGOS, ISRAEL 4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 34104	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V LEDEZMA, ADONAY 4206 ENTERPRISE AVE. UNIT A-7 NAPLES FL 34104	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VID MALDINADO, GILBERTO
STREET ADDRESS		3.3 STREET ADDRESS	9650 VICTORIA LANE UNIT B-305
CITY - ST - ZIP		3.4 CITY - ST - ZIP	NAPLES, FLORIDA 34109
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *meir Alice* REQUIRED 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)