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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION, ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90221 021 ***150.00

DOCUMENT # P98000091953

1. Corporation Name

PRESTIGE PAINTING CONTRACTOR, INC.

	•	; I					
Principal Place of Business Mailing Address						1117 BB(SI BB)(B 181 61 5181	# 1818) Bliss (III 198)
8762 NORTHWEST 6TH STREET 8762 NORTHWEST 6TH STRE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRI	TE IN THIS SPACI	≣
					3. Date incorporated or Qualifed 10/29/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEL Number	/	Applied For
21 26					000 1000 1	/	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			-	5. Certificate of Status Desired		1 1	.75 Additional ee Required
22		27 .		-			
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ided to Fees
Zip	Country	Zip	C	ountry	8. This corporation owes the curr		
24	25	29	30		Personal Property Tax.	☐ Ye:	s ZNo
Name and Address of Current Registered Agent					10. Name and Address of New f	Registered Agent	<u> </u>
ALATON ANO/FO				81 Name	liquel Soto		
AMERILAWYER					ess P.O. Box Number is Not Accepta	able)	
= 343 ALMERIA AVENUE = 1 8769 1/11/6 6 5 1 1/11/6 1/11/							
COR	AL GABLES FL 33134			83			
				84 City Or	al Springs	FL 85	学8871
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familia with, and accept the oblic	e of Florida. Such change v	vas authoriz	ed by the corporation	gration slibmits the statement for the on's board of directors. I hereby accept	purpose of changi of the appointment	ng its registered as registered
SIGNATURE	. M 150		_			09-19-9	<u> </u>
	Signature, typed or plinted theme of registered as			ed Agent signature required		DATE	TOTODE IN 12
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AND DIRI	
TITLE	PD			TITLE	-^_		ango []. tautum
NAME	SOTO, MIGUEL			NAME .	-		
STREET ADDRESS	,			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			CITY-ST-ZIP			ange Addition
TITLE	STD DELETE			TITLE	•	L. C.	ange
NAME	SOTO, OLGA			NAME	ť		
STREET ADDRESS 8762 NORTHWEST 6TH STREET			2.3	STREET ADORESS		•	
CITY-ST-ZIP	CORAL SPRINGS FL 33071			CITY-ST-ZIP			
TITLE		☐ DELE	TE 3.1	TITLE		□Ch	ange
NAME			3.2	NAME	,		
STREET ADDRESS			3.3	STREET ADDRESS			
CITY-ST-ZIP	· ·		3.4	. CITY+ST-ZIP			
TITLE	-	DELE	TE 4.1	ππε	41	☐ Ch	ange Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY+ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

Change

Change

Addition

Addition

CR2E034 (11/98)