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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V48903** (1)
1. Corporation Name
BRIGHT BRASS & METAL PAINTING, CO.

Principal Place of Business: **1345 SOUTHWEST 180 AVE. PEMBROKE PINES FL 33029**
Mailing Address: **1345 SOUTHWEST 180 AVE. PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/06/1992** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0343480** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under §. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **JIMENEZ, ANA I, 7525 SW 153RD PLACE, #107, MIAMI FL 33193**

10. Name and Address of New Registered Agent (81-85) fields.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, OSWALDO	1.2 NAME	JIMENEZ, OSWALDO
STREET ADDRESS	7525 SW 153 PL, STE 107	1.3 STREET ADDRESS	1345 SW 180 AVENUE
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029
TITLE	V	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, ANA I	2.2 NAME	JIMENEZ, ANA I
STREET ADDRESS	7525 SW 153 PL, STE 107	2.3 STREET ADDRESS	1345 SW 180 AVENUE
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 any attachment with an address.

SIGNATURE: *Sandra B. Morton* April 25, 1995 (205) 430-4656