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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 07 1997 8:00am

Secretary of State

DOCUMENT # P94000018310 (0)

CRUZ PAINTING, INC.

Principal Place of Business 6940-WE67-IBLLOBORO-BLVD- SURE 400 DEPARTED BEACH FL 33442		Mailing Address 9010 S.W. 137TH AVE. SUITE 113 MIAMI FL 33186-1437			
US-				3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 05/01/1996
	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21 154 Suite, Apt.		Suite, Apt #, etc.		65-0473226	Not Applicable
22	, •	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
	7 PALM BEACH FL.	28		Trust Fund Contribution	Added to Fees
Zip 3 3 1 4	42 Country USA	Zip	Country	8. This corporation has liability for	
24 337		29]	30		Yes No
	9. Name and Address of Current JZ, LENITA S	uehisteten wäeut	81 Name	10. Name and Address of New R	egisterea Agent
384 NO. Dise	0 W HILLSBORO BLVD -100 ERFIELD-BEACH FL 33442		154 83 84 City Wes	t Palm Beach	FL 85 Zip Code 3 3 1 / 2
Office or r	registeced agent, or both, in the State of im tamiliar with, and accept the obligati	f Florida, Such change was ons of, Section 607.0505, FI	authorized by the corpo-	ration's board of directors. I hereby acce	purpose of changing its registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	CRUZ, CARLOS J		1,2 NAME	45122 25 2 4	
STREET ADDRESS	3840 W HILLSBORO BLVD DEERFIELD BEACH FL		1,3 STREFT ADDRESS	15438 97 Road No	nth
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CHY - ST - ZIP 2.1 TITLE	West Palm Beach,	T. 33742 M Change Addition
NAME	CRUZ, LENITA S	_ onth	2.2 NAME		Change Addition
STREET ADDRESS	SO40 W-HILLSBORO BLVD # 10	N 9 -	2.3 STREET AODRESS	15438 9 Road Nor	1 L
CITY-ST-ZIP	DEERFIELD BEACH FL		2 4 CHY \$1 - ZIP	West Palm Beach,	70 33142
TITLE		☐ DELETE	3.1 TITLE	west racm beach;	Change Addition
NAME			3 2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CiTY - \$1 - ZIP		
TITLE		☐ DELETÉ	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 syncylemental amount 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 arrivate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if phanged, from an attachipent with an address.