

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham, Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96DD0068D10			
1. Corporation Name <b>ARLES PAINTING, INC.</b> 12990 NE 6 AVE N MIAMI FL 33161			
Principal Place of Business		Mailing Address	
12990 NE 6 AVE # 9 N. MIAMI FL 33161			
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 65 0686169	
Suite Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip Country		3. Date Incorporated or Qualified 08/12/96	
24	25	3a. Date of Last Report	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARVIN A ROA 12990 NE 6 AVE N MIAMI FL 33161		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY- ST- ZIP PRESIDENT MARVIN A ROA 12990 NE 6 AVE MIAMI FL 33161		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP Change Addition	
2. TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP Change Addition	
3. TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP Change Addition	
4. TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP Change Addition	
5. TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP Change Addition	
6. TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP Change Addition	
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 contained 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 or changed, or on an attachment with an address			
SIGNATURE: _____		MAY 5, 1997 (305) 895 2683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)