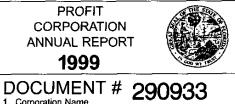
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name SPRAY RITE INC



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90179 043 ***150.00

	111 FIB 111 11

										8 :81 8:81 88
Principal Place of Business Mailing Address			T (1861) 11848 18414 88414 18108 11118 1111 81914 61811 81811 81811 81811 81811 81811							
10240 SW 56TH	H ST	10240 SW 56TH ST			1					
STE 114E		STE 114E					DO NOT WE	RTE IN THIS	SPACE	
MIAMI FL 33165	5	MIAMI FL 33165				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US							/16/1965	, 		
2. Principal Pl	lace of Business	2a. Mailing Address			4	l. FEI	Number	-	A	pplied For
21		26				59	<u>-1163848</u>		<u> </u>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Cor	tifcate of Status Desired		•	Additional
22		27							Fee F	Required
City & State		City & State		6	6. Elec	ction Campaign Financing		\$5.00	May Be	
23	28				Trus	st Fund Contribution		Added	to Fees	
Zip	Country	Zip	Country	1	8	3. This	corporation owes the cu	rrent year Int		_
24	25	29 30	<u> </u>				sonal Property Tax.		∐ Yes	□No
	9. Name and Address of Current	t Registered Agent				3. Nar	ne and Address of New	Registered	Agent	
T10	Opp. Trpc.		81	Nam	e					
	ORDA, TERESA		82	Stree	et Address ((P.Q. E	Box Number is Not Accep	table)		
	10 SW 56TH STREET			GI GIEGO		(.				
	TE 115C		83							
MAIM	MI, FL 33162			-					lar Zi-	Codo
			84	"				FL	. [Code
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes,	the abov	e-name	d corporation's	on sub	mits this statement for the	e purpose of	changing it	s registered registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statute	5.	poration s	boal a	or directors. Thereby door	opt and appoi		9,0
SIGNATURE										
	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE: Re		nt signatur	e required when			DATE		
12.	OFFICERS AN		13.			ADDI	TIONS/CHANGES TO O	FFICERS AN		
TITLE	PST	☐ DELĒTE	1.1 TITLE		1	<u>.</u>	Λ . Δ		Change	Addition
NAME	ODIO, AUGUSTO	İ	1.2 NAME		oa	1D	Augusto			
STREET ADDRESS	10240 SW 56 ST, STE 114E		1.3 STREE	TADDRES	is		J			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	ST-ZIP						
TITLE		☐ DELETE	2.1 TITLE						Change	Addition
NAME			2.2 NAME		1					1
STREET ADDRESS			2.3 STREE	TADDRES	ss					
CITY-ST-ZIP			2.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE						Change	e ☐ Addition)
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRES	es					}
CiTY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME		į	4 2 NAME							
STREET ADDRESS				TADDRES	is					
CITY-ST-ZIP		· ·	4.4 CITY-							-
TITLE		☐ DELETE	5.1 TITLE					-	☐ Change	Addition
		—	5.2 NAME							
NAME		•	1	TADORES	ss					Ì
STREET ADDRESS			5.4 CiTY-5							i
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		+				☐ Change	Addition
TITLE			62 NAME							_
NAME			ł	TADDRES	:5					ļ
STREET ADDRESS					~					ľ
CITY, ST. 7IP		Į.	6.4 CITY-	51-ZIP	t					

14. 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 apachment with an address, with all other like empowered.

SIGNATURE: