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

DOCUMENT # 508794

(5)

FILED Apr 18 1997 8:00am Secretary of State

AGRA P	PAINTING INC.				
Principal Plac	e of Business	Mailing Address			81811 81811 81811 81811 81811 81811 1 88 1
1702 S.W. 104 MIAMI FL 3316		1702 S.W. 104TH PLACE MIAMI FL 33165-7334			
* # <u>*</u>				3. Date Incorporated or Qualified 06/15/1976	3e. Date of Last Report 08/13/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		59-1698116	Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State			Fee Required
23	ę.	[28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May 8e Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30		Yes No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	gistered Agent
AGF	RA, JOSE RAMON		81 Name		
	2 S.W. 104TH PLACE		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
MIA	MI FL 33165				·
			83		
			84 City		85 Zip Code
			1 1	poration submits this statement for the p tion's board of directors. I hereby accep	
SIGNATURE	Signature, typed or printed name of registered	agent and to cit appleable (NOTA)	Registered Agent signature regu	ired when reinstating)	DATE
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	······
TITLE :	PD AGRA, JOSE RAMON	C) Affects	1.1 311LE		Change Addit
STREET ADDRESS	1702 SW 104 PL.		1.2 NAME		
OITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	SD	DELETE	21 TITLE		Change Addit
NAME	AGRA, JOSE RAMON		2.2 NAME		
STREET ADDRESS	1702 SW 104 PL.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	1 D	DELETE	3.1 TO LE		Change Additi
NAME	AGRA, MAGALY		3.2 NAME		
STREET ADDRESS	1702 SW 104 PL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 1ITLF		Change Additi
NAME			4. 2 NAME		
STREE DRESS			4.3 STREET ADDRESS		
CITY-SE ZIP			4.4 CITY - ST - 7IP		
TITLE		LJ DELETE	5.1 1/1LE		Change Addition
NAMES			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CHY-ST-ZIP		Change Add's:
TITLE		L'1 réfétif	6.1 TITLE		∐ Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP	ov earlify that the information suppl	find with this filing does not quality	6.4 CiTY - \$1 - ZIP	d in Section 119 07/3Vi). Florida Statutor	Literary postifu 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 a man 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.