

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 593530 (9)

1. Corporation Name

MAGIC TOUCH PAINT DECORATING CENTER CORPORATION

Principal Place of Business

2156 SW 136 PL
MIAMI FL 33175
US

Mailing Address

2156 SW 136 PL
MIAMI FL 33175
US



2. Principal Place of Business		2a. Mailing Address	
21	4809 SW 154 AVE	26	4809 SW 154 AVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	MIAMI, FL	28	MIAMI FL.
Zip	Country	Zip	Country
24	33185	25	US
29	33185	30	U.S.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/16/1978	01/31/1995
4. FEI Number	Applied For Not Applicable
59-2102575	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VALDES, SERGIO F
2156 SW 136 PL
MIAMI FL 33175

10. Name and Address of New Registered Agent

81	Name	VALDES, SERGIO F.
82	Street Address (P.O. Box Number is Not Acceptable)	4809 S.W. 154 AVE
83		
84	City	MIAMI
85	Zip Code	FL 33185

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 filing applicant

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD.
NAME	VALDES, SERGIO F.	1.2 NAME	VALDES, SERGIO F.
STREET ADDRESS	2156 SW 136 PL	1.3 STREET ADDRESS	4809 SW 154 AVE
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL. 33185
TITLE	SD	2.1 TITLE	SD
NAME	VALDES, MARTA	2.2 NAME	VALDES, MARTA
STREET ADDRESS	2156 SW 136 PL	2.3 STREET ADDRESS	4809 SW 154 AVE
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI FL. 33185
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 119.07(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)