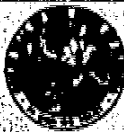


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G42068** (8)

1. Corporation Name

JMC PAINTS & DECORATIVE PRODUCTS, INC.

Principal Place of Business

**8915 SW 40TH ST
MIAMI FL 33165**

Mailing Address

**8915 SW 40TH ST
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/01/1983

3a. Date of Last Report
02/18/1994

4. FEI Number
59-2294557

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **9235 SW 40TH ST.**

2a. Mailing Address

26 **9235 SW 40TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI, FLORIDA**

City & State

28 **MIAMI, FLORIDA**

24 **33165**

25 **USA**

29 **33165**

30 **USA**

9. Name and Address of Current Registered Agent

**EFTHIMIOU, GUS, JR.
180 E FLAGLER ST., 1803 DUPONT BLDG.
MIAMI FL 33101 255 ALHAMBRA CIR.
SUITE 730
CORRAL GABLES, FL**

10. Name and Address of New Registered Agent

81 **EFTHIMIOU, Gus Jr.**
82 **255 ALHAMBRA Circle**
83 **Suite 730**
84 **CORRAL Gables, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MANZUETA, JUAN THEN
8915 SW 40TH STREET
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN THEN MANZUETA

4/13/95 (905) 584-8372
Date Signature Previous #