FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
8915 SW 40TH ST MIAMI FL 33165	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

2. Principal Place of Business
21 9235 SW 40TH ST.
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FLORIDA
Zip 24 33165 Country 25 USA

2a. Mailing Address
26 9235 SW 40TH ST.
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FLORIDA
Zip 29 33165 Country 30 USA

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

9. Name and Address of Current Registered Agent

~~EFTHIMIOU, GUS, JR.~~
~~100 E. FLAGLER ST., 1903 DUPONT BLDG.~~
~~MIAMI FL 33131~~ 255 ALHAMBRA CIR.
SUITE 730
CORAL GABLES, FL

10. Name and Address of New Registered Agent

81 Name: Efthimiou, Gus Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 255 Alhambra Circle
83 Suite 730
84 Coral 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANZUETA, JUAN THEN	12 NAME	
STREET ADDRESS	8915 SW 40TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 attachment with an address.

SIGNATURE: Juan T. Manzueta 4/13/95 (305) 559-8372
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
JUAN THEN MANZUETA

0178033 CP