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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G42068** (8)

1. Corporation Name
JMC PAINTS & DECORATIVE PRODUCTS, INC.



Principal Place of Business

9235 SW 40TH ST
MIAMI FL 33165
US

Mailing Address

9235 SW 40TH ST
MIAMI FL 33165-4150
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

06/01/1983

3a. Date of Last Report

03/19/1996

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

MANZUETTA, JUAN
9733 SW 111 TERRACE
SUITE 730
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 of Registered Agent or Director and the Registered Agent)

(Not E. Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	11. TITLE ☐ Change ☐ Addition
2. NAME	12. NAME
3. STREET ADDRESS	13. STREET ADDRESS
4. CITY-STATE-ZIP	14. CITY-STATE-ZIP
5. TITLE	21. TITLE ☐ Change ☐ Addition
6. NAME	22. NAME
7. STREET ADDRESS	23. STREET ADDRESS
8. CITY-STATE-ZIP	24. CITY-STATE-ZIP
9. TITLE	31. TITLE ☐ Change ☐ Addition
10. NAME	32. NAME
11. STREET ADDRESS	33. STREET ADDRESS
12. CITY-STATE-ZIP	34. CITY-STATE-ZIP
13. TITLE	41. TITLE ☐ Change ☐ Addition
14. NAME	42. NAME
15. STREET ADDRESS	43. STREET ADDRESS
16. CITY-STATE-ZIP	44. CITY-STATE-ZIP
17. TITLE	51. TITLE ☐ Change ☐ Addition
18. NAME	52. NAME
19. STREET ADDRESS	53. STREET ADDRESS
20. CITY-STATE-ZIP	54. CITY-STATE-ZIP
21. TITLE	61. TITLE ☐ Change ☐ Addition
22. NAME	62. NAME
23. STREET ADDRESS	63. STREET ADDRESS
24. CITY-STATE-ZIP	64. CITY-STATE-ZIP

14. I do 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 supplied 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in this report or Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN MANZUETTA

DATE

Day-Month-Year

3/14/97

205 359-8372

CR2E034 (9/96)