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 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G87184** **(9)**

1. Corporate Name
MIRACLE PAINTING, INC.

Principal Place of Business
4111 N. 66 AVENUE
HOLLYWOOD FL 33024

Mailing Address
4111 N. 66 AVENUE
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1983**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2345828** ☐ 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. The corporation has elected to participate as provided in s. 607.0502, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOCQUET, CLAIRE
4111 N. 66 AVENUE
HOLLYWOOD FL 33024

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S) (Typed or printed name of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
31 TITLE	**PS**	41 TITLE	☐ Change ☐ Addition
32 NAME	**SOCQUET, CLAIRE**	42 NAME	
33 STREET ADDRESS	**4111 N 66 AVENUE**	43 STREET ADDRESS	
34 CITY-ST-ZIP	**HOLLYWOOD FL**	44 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	
71 TITLE		81 TITLE	☐ Change ☐ Addition
72 NAME		82 NAME	
73 STREET ADDRESS		83 STREET ADDRESS	
74 CITY-ST-ZIP		84 CITY-ST-ZIP	
91 TITLE		101 TITLE	☐ Change ☐ Addition
92 NAME		102 NAME	
93 STREET ADDRESS		103 STREET ADDRESS	
94 CITY-ST-ZIP		104 CITY-ST-ZIP	
111 TITLE		121 TITLE	☐ Change ☐ Addition
112 NAME		122 NAME	
113 STREET ADDRESS		123 STREET ADDRESS	
114 CITY-ST-ZIP		124 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: A majority of the directors elected at 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that this report is true and accurate and that I am authorized to sign this report. For nonprofit corporations only: I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that this report is true and accurate and that I am authorized to sign this report.

SIGNATURE: *[signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0084616 CP