

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K41747** (2)

1. Corporation Name

RIVAS PAINTING & REPAIR CORP.



Principal Place of Business

% MANUEL RIVAS
1410 S.W. 14TH STREET
MIAMI FL 33145

Mailing Address

% MANUEL RIVAS
1410 S.W. 14TH STREET
MIAMI FL 33145

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIVAS, MANUEL
1410 S.W. 14TH STREET
MIAMI FL 33145

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 7.050(1) and 6.07, 15.05, Florida Statutes, the above named corporation is submitting 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 and board of directors. Thereby, except the appointment of a registered agent, I am familiar with and accept the obligations of Section 6.07, 6.09, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVAS, MANUEL	
STREET ADDRESS	1410 S.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RIVAS, MARINA	
STREET ADDRESS	1410 S.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] 4/8/96

CR2E034 (12/95)