SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 JAN -2 AM 10:40
SECRETARY OF STATE

DOCUMENT # K49001 (6)

1. Corporation Name
V. JARQUIN PAINTING CONTRACTOR INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
10505 SW 6TH ST. MIAMI FL 33174	10505 SW 6TH ST. MIAMI FL 33174

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 01/05/1996

2. Principal Place of Business
21 10505 SW. 6 St.
22 Suite, Apt. #, etc.
23 City & State: Miami, Fl.
24 Zip: 33174 25 Country

2a. Mailing Address
26 10505 SW. 6 St.
27 Suite, Apt. #, etc.
28 City & State: Miami, Fl.
29 Zip: 33174 30 Country

4. FEI Number: 01-5450074 ☐ 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

JARQUIN, VICTOR M.
10505 SW 6TH ST.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: Victor M. Jarquin
82 Street Address (P.O. Box Number is Not Acceptable): 10505 SW. 6 Street.
83
84 City: Miami FL 85 Zip Code: 33174

11. Pursuant to the provisions of Section 607.0502 or 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 12-28-96
Signature, typed name of officer or director and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST JARQUIN, VICTOR M. 10505 SW 6TH ST. MIAMI FL 33174	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002048033--8 -01/07/97--01076--013 ****138.75 ****138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002048033--8 -01/07/97--01076--014 ****233.75 ****233.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002048033--8 -01/07/97--01076--015 ******2.50 ******2.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 12-13-96 227-6730