

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. Mottham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K49001 (6)
1. Corporation Name

V. JARQUIN PAINTING CONTRACTOR INC.

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

2. Principal Place of Business	2a. Mailing Address
21 10505 SW. 6 St.	26 10505 SW. 6 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
23 Miami, FL	28 Miami, FL
24 Zip	29 Zip
24 33174	29 33174
25 Country	30 Country

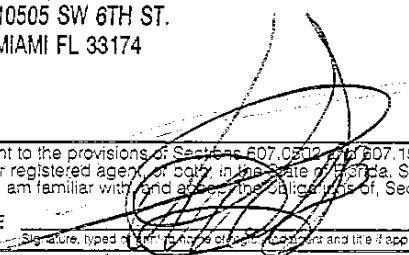
FILED
97 JAN -2 AM 10:40
SECRETARY OF STATE

REINSTATEMENT

Incorporated or Qualified	3a. Date of Last Report
11/29/1988	01/05/1996
4. FEI Number	Applied For
01-5450074	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

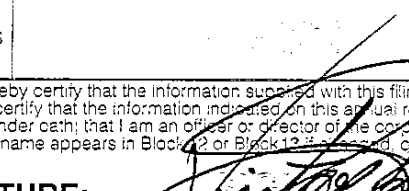
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JARQUIN, VICTOR M. 10505 SW 6TH ST. MIAMI FL 33174	81 Name Victor M. Jarquin 82 Street Address (P.O. Box Number is Not Acceptable) 10505 SW. 6 Street 83 84 City Miami FL 85 Zip Code 33174

11. Pursuant to the provisions of 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  (NOTE: Registered Agent signature required when re-installing) DATE 12-28-96

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PVST ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME JARQUIN, VICTOR M.	1.2 NAME 3000002048033--8
STREET ADDRESS 10505 SW 6TH ST.	1.3 STREET ADDRESS -01/07/97--01076--013
CITY-ST-ZIP MIAMI FL 33174	1.4 CITY-ST-ZIP *****138.75 *****138.75
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME 3000002048033--8
STREET ADDRESS	2.3 STREET ADDRESS -01/07/97--01076--014
CITY-ST-ZIP	2.4 CITY-ST-ZIP *****233.75 *****233.75
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME 3000002048033--8
STREET ADDRESS	4.3 STREET ADDRESS -01/07/97--01076--015
CITY-ST-ZIP	4.4 CITY-ST-ZIP *****2.50 *****2.50
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 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)(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 or in an attachment with an address.

SIGNATURE  12-28-96 227 (730)

CR2E034 (3/96)