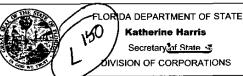
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ; ANNUAL REPORT



FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90003 046 ***150.00

1999	WE IT	DIVISION OF CONFORMATIONS	
DOCUMENT 1. Corporation Name ADVANCEO	# L20485 FINISHINGS	Company	/

ı								
	rincipal Place of Business	Mailing Address		,	_			
1	210 S.W. SZ AVE	12/0 Sw. 12	A	·U	C			
V	MAMI ,FL 33143	Mailing Address 1210 Sw. Sr Miami, FL 3	ラ /	¥	3	DO NOT WRITE IN THIS SE	PACE	
('	• • • • • • • • • • • • • • • • • • • •	,				3. Date Incorporated or Qualifed		
}						10-02-89		
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number 65-014 78 18		Applied For
21		26				65-0147818		Not Applicat
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	75 Additional
22		27				U. Contraction of Catalog Council	Fee	e Required
	City & State	City & State				6. Election Campaign Financing	\$ 5.	00 May Be
23		28				Trust Fund Contribution	Add	ded to Fees
	Zip Country	Zip	Coun	try	-	8. This corporation owes the current year Intan-	gible	· ·
24	25	29 30		_		Personal Property Tax.	Yes	No
Г	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	<u>jent</u>	
	Pilean Mman		8	31	Name			

RIVERA, MANCO 7210 5.W. 52 AVX MIAMI, FL 33143

02	02	Sileet Address (F.O. Box Number is Not Acceptable)					
	83						
	84	City	FL	85	Zip Code		
а	bove	-named corporation submits this	statement for the purpose of ch	angi	ng its registered		

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, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DRESIDENT	1.1 TITLE	Change Addition
NAME	PRESIDENT DELETE RIVERA, MARICO 1210 - SW. 52 AVK, MIAMI, FL	1.2 NAME	
STREET ADDRESS	AND CH TO ALL MINNE CL	1.3 STREET ADDRESS	
CITY-ST-ZIP	1210 - 3.00. 2.7 HAVE / 11HAMI , PC	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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 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 porporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if exhigned, or of an attachment with an address, with all-other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

- Date

Daytime Phone #

(666-674 K