

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M06065 (0)**

1. Corporation Name  
**EUROPEAN PAINTER, INC.**

Principal Place of Business      Mailing Address  
**% SILVANO CICOGNA  
150 SW 22 ROAD  
MIAMI FL 33129**      **% SILVANO CICOGNA  
150 SW 22 ROAD  
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/04/1984**      **06/28/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**

4. FEI Number      Applied For  
**59-2468070**       Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

City & State      City & State  
**23**      **28**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**  
  
**CICOGNA, SILVANO  
150 S.W. 22ND ROAD  
MIAMI FL 33129**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	CICOGNA, SILVANO
STREET ADDRESS	150 SW 22ND ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	CICOGNA, FABIO
STREET ADDRESS	P O BOX 452434 NA
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 recipient of a 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 changed, or on an attachment with an address.

SIGNATURE: Silvano Cicogna      4/25/95      (305)856-8963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR