

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06065
1. Corporation Name

EUROPEAN PAINTER, INC.

Principal Place of Business
% Silvano Cicogna
150 S.W. 22 Road
Miami Fl 33129

Mailing Address
% Silvano Cicogna
150 S.W. 22 Road
Miami Fl 33129

3. Date Incorporated or Qualified **10/04/84** 3a. Date of Last Report **07/15/96**

2. Principal Place of Business		2a. Mailing Address		4. FFI Number		Applied For	
21		26		59-2468070		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

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	000002232510--4 -07/08/97--01038--006
84	City
	****165.00 ****165.00 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

Signature, typed or printed name of registered agent or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cicogna, Silvano	1.2 NAME	
STREET ADDRESS	150 S.W. 22nd Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33129	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cicogna, Fabio	2.2 NAME	
STREET ADDRESS	P.O. Box 452434 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 corporation or 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 changed, or on an attachment with an address.

SIGNATURE:

Silvano Cicogna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/97 (305) 856-8963

Date Daytime Phone

CR2E034 (9/96)

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June 25, 1997

Sandra B. Mortham
Secretary of State
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Re: 1997 Corporation Annual Report
European Painter, Inc.
Document # M06065
Late Fee Waiving Request

Dear Ms. Mortham:

Please be advised that we never got the renewal form for 1997. We were giving it time to arrive until the end of June. But while talking to our liability insurance auditor, he mentioned that the renewals were mailed in January, that was when we called to request it.

Mr. Hodges, from your Customer Service Department, suggested that we attach this note to relate the reason for our filing late.

We thank you in advance, and should you need to contact us, please call us at (305)856-8963.

Sincerely,



Norka Cicogna
European Painter, Inc.