

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M29234 (5)

1. Corporation Name

ATLANTIDA PAINTING AND WALLCOVERING, INC.



Principal Place of Business

Mailing Address

C/O JOSEPH A. MARONA *Alberto Eng* C/O JOSEPH A. MARONA
7162 PEMBROKE RD. 990 E 33 STREET 7162 PEMBROKE RD.
MIRAMAR FL 33023 MIRAMAR FL 33023
Hialeah Fl. 33013

3. Date Incorporated or Qualified

03/20/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 990 E 33 ST.

2a. Mailing Address

26 990 E 33 STREET

4. FEI Number

59-2652400

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

MARONA, JOSEPH A.
7162 PEMBROKE RD.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name JOSE R. SOSA

82 Street Address (P.O. Box Number is Not Acceptable)

570 EAST 49 STREET

83

84 City HIALEAH

FL

85 Zip Code 33013

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

JOSE R. SOSA *Notre*

(NOTE: Registered Agent signature required when changing agent)

DATE

4/16/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NO HENRIQUEZ, JUAN
7071 SW 27TH ST.
MIRAMAR FL

☒ DELETE

DE HENRIQUEZ, ROSEMARIE
7071 SW 27TH ST.
MIRAMAR FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE PD ☒ Change ☐ Addition

12 NAME ENG, ALBERTO
13 STREET ADDRESS 990 E. 33 STREET
14 CITY-ST-ZIP HIALEAH FL 33013

2 1 TITLE DE ☒ Change ☐ Addition

22 NAME SERRANO, MAGDALENA
23 STREET ADDRESS 990 E. 33 STREET
24 CITY-ST-ZIP HIALEAH FL 33013

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ 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 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:

Alberto Eng

ALBERTO ENG Pres

04/16/96

305-693-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SG 5-1-96

CR2E034 (12/95)