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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(5)

ATLA	NTIDA PAINTING AND WALI	LCOVERING, INC.				
Principal Plac	e of Business	Mailing Address				hir Acari Arair Aldir Bsari arair 1884
C/O ALBERTO ENG C/O ALBERTO ENG 980 E. 33RD STREET 990 E. 33RD STREET HIALEAH FL 33013 HIALEAH FL 33013			1		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			03/20/1986 4. FEI Number	Applied For
21		26			59-2652400	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	lry	8. This corporation owes or has paid the	p
24	25   9. Name and Address of Curren	[29]	[30]		Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	Yes No
	<del></del>	it Registered Agent	-	11 Name	10, Name and Address of New Register	100 ABOUT
	LBERTO ENG					
990 EAST 33RD STREET			8	Street Addr	ress (P.O. Box Number is Not Acceptable)	
, ,	IIALEAH FL 33013		-	13		
			8	City		FL 85 Zip Code
office or agent. I a	to the provisions of Sections 607.0\text{ONT.}  registered agent, or both, in the State im familiar with, and accept the obligation  Signature, byted or profiled name of registered agent	ations of, Section 607.0505,	Florida Statu	by the corporaties.  Agent signature requir	oration submits this statement for the purposition's board of directors. I hereby accept the	
12.	OFFICERS AN		13.	agent signature rector	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 1/11	<del>(</del>		Change Addition
NAME	ENG, ALBERTO		1.2 NAM	16		Li change Li noutron I
STREET ADDRESS	990 E 33 ST		1 2 11/14			
CITY-ST-ZIP	1441541151 00040			FEL ADDRESS		
TITLE	HIALEAH FL 33013		1.3 STRE	-		Change Mullion
	HIALEAH FL 33013 DE	DELETE	1.3 STRE	FT ADDRESS		Change Addition
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NAME STREET ADDRESS		☐ DELETE	1.3 STRE 1.4 CHY 2.1 THE 2.2 NAM	FEL ADDRESS SET-ZIP		
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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 arrival 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.

CITY-ST-ZIP

139 97

**FILED** 

Feb 13 1998 8:00am

Secretary of State