

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 # M56496

(6)

1. Corporation Name

J.J. CEILING SPRAY CORP.



Principal Place of Business

Mailing Address

C/O JOSE R. GARCIA  
8985 S.W. 21 TERR.  
MIAMI FL 33165

C/O JOSE R. GARCIA  
8985 S.W. 21 TERR.  
MIAMI FL 33165

3. Date Incorporated or Qualified

07/31/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2833857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

GARCIA, JOSE R.  
8985 S.W. 21 TERR.  
MIAMI FL 33165

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

Signature typed or printed (must be typed in block letters)

(If the Registered Agent is a corporation, the signature of the officer or director of the corporation must be typed in block letters)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
GARCIA, JOSE R.  
8985 S.W. 21 TERR.  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
MENENDEZ, JOSE M.  
4620 S.W. 112 AVE.  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

2. TITLE  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3. TITLE  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4. TITLE  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5. TITLE  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6. TITLE  
6. NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/96

305-559-0926

CR2E034 (12/95)

4-23-96  
JR