

FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 29, 1999 8:00 am Secretary of State

	1999	(3)	D)	DIVISION OF CORPORATIONS			04-29-1999 90096 023 ***150.00				
1 .	JMENT # Name RAL PAINTING,		2								
								\$ 1 88 (188) 115 18818 \$1148 \$	HARA GERA ERA ARA	II Col in Chil on C hilo	elen ausmiren
Principal Pla	ace of Business		Moiting Add								
4433 SW 75T	-		Mailing Addr								E/E// 4/2// //4//
MIAMI FL 331			9061 SW 82N MIAMI FL 331	- •							
US			US	. •				DO NOT	WRITE IN 18	IIS SPACE	
,								3. Date Incorporated or Qua	lifed		
2. Principal	Place of Business		2a, Mailing A	ddress				04/14/1988 4. FEI Number			
21			26	adi cos				65-0067238			plied For
Suite, Ap	ot. #, etc.		Suite, Ap	t. #, etc.		_					ot Applicable Additional
22			27					5. Certificate of Status Desir	ed 🗌		e quired
City & Sta 23	ate		City & Sta	ate				Election Campaign Finan- Trust Fund Contribution	cing		May Be
Zip	C	Country	Zip		Countr	у		8. This corporation owes the	current year		10 Fees
24	25		29		30			Personal Property Tax.	Current year	Yes	□No
	9. Name and	Address of Curren	t Registered Age	nt				10. Name and Address of N	ew Register	d Agent	
ESF	PINALES, FRANCI	SCO			85	1 N	lame				
	1 SW 82ND ST				82	2 S	treet A idre	ss (P.O. Bo (Number is Not Ac	ceptable)		
MIA	MI FL 33173				83	3 -					
						\perp					
					84	• C	ity		F	85 Zip	Code
							med corpor	ration submits this statement for 's board of directors. I hereby a			registered
agent. I	am familiar with, and	d accept the obligat	ons of Section 60	7.0505, FI	orida Statutes	S.	Согропцоп	S board of virectors, i hereby a	ccept the app	omunent as re	gistered
SIGNATUFIE		id name of registered agen	and title if applicable	- (NOT	E. Registered Age	ont sion	oture real ired a	whom counted in a	DATE		}
12.		OFFICERS AN			13.	an oig	iato e regi iieu v	ADDITIONS/CHANGES TO		ND DIRECTO	DEIS IN 12
TITLE	PD			DELETE	1.1 TITLE					☐ Change	Addition
NAME	ESPINALES, FF	RANCISCO			12 NAME						
STREET ADDRE SS	1				1.3 STREE		1				}
CITY-ST-ZIP	MIAMI FL 3317	3		DELETE	1,4 CITY-S	T-ZIP					
NAME	ESPINALES, NI	DIA		DELETE	2.1 TITLE 2.2 NAME					☐ Change	☐ Addition
STREET ADDRESS					2.3 STREE	TADO	DEES				
CITY-ST-ZIP	MIAMI FL 3317				2.4 CITY-5		- 1				{
TITLE				DELETE	3.1 TITLE					Change	Addition
NAME					3.2 NAME						
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NAME	}		ت	DELETE	4.1 TITLE		ĺ			Change	Addition
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TITLE				DELETE	5.1 TITLE	. 4				Change	Addition
NAME					5.2 NAME						_
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CITY-ST-ZIP	ļ				54 CITY-ST	T- ZIP]				
TITLE				DELETE	A					·	
NAME				DELETE	6.1 TITLE					Change	Addition
NAME STREET ADDRESS				DELETE	6.1 TITLE 6.2 NAME 6.3 STREET		PESS			Change	Addition

14. I hereby pertify that the information supplied with this filling 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 an attachment with an address, with all other like empowered.

SIGNATURE: _

Merldent. RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR