CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87904

1. Corporation Name
MASTER FINISH, INC.

Mailing Address
C/o Roberto Artiles
1731 W 55 PL
Hialeah, FL. 33012

Principal Place of Business
C/o Roberto Artiles
1731 W 55 PL
Hialeah, FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/1/88
3a. Date of Last Report: 6/8/93

4. FEI Number: 65-0065859 — Applied For / Not Applicable

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired — $8.75 Additional Fee Required ☐

6. Election (Corporate Governing Trust Limited Partnership) ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has authority to manufacture (as under S. 199.032, Florida Statutes) ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARTILES, Roberto
209 W 65 ST
Hialeah, FL 33012

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. OTHER OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | D | 11 TITLE | |
| 12 NAME | ARTILES, Roberto | 12 NAME | |
| 13 STREET ADDRESS | 1731 W 55 PL | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | HIALEAH, FL 33012 | 14 CITY-ST-ZIP | |
| 21 TITLE | | 21 TITLE | |
| 22 NAME | | 22 NAME | 200001521622 |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | -06/23/95--01023--011 |
| 24 CITY-ST-ZIP | | 24 CITY-ST-ZIP | ****200.00 ****200.00 |
| 31 TITLE | | 31 TITLE | |
| 32 NAME | | 32 NAME | |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 51 TITLE | | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | 5/1/95 MT |
| 54 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Artiles — 4/13/95 — (305) 823-0588
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)