

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M87904** (2)

1. Corporation Name

**MASTER FINISH INC.**



Principal Place of Business

**C/O ROBERTO ARTILES  
1731 W 55TH PL  
HIALEAH FL 33012**

Mailing Address

**C/O ROBERTO ARTILES  
1731 W. 55TH PLACE  
HIALEAH FL 33012  
US**

3. Date Incorporated or Qualified

**07/01/1988**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

**21** Suite, Apt. #, e.c.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip Country

**29** Zip Country

4. FEI Number

**65-0065859**

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

**ARTILES, ROBERTO  
209 WEST 65TH STREET  
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, 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 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 name of registered agent, and title, if applicable

(NOTE: Reg. Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**12.** ☐ DELETE  
TITLE  
NAME **D ARTILES, ROBERTO**  
STREET ADDRESS **1731 W 55 PL.**  
CITY - ST - ZIP **HIALEAH FL 33012**

☐ 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 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 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:

**Roberto Artiles**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**4/24/96** **823-0588**  
Date Daytime Phone