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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION OF CO	ORPORAT	IONS				
OCUMENT # M87	7904	(2)						•
MASTER FINISH INC.								
Principal Place of Eusiness	Mailing A	ddress			1 10 010 011 10		ii 8101 U tuii vivii vivii i	818): BFBtt DISti 1891
C/O ROBERTO ARTILES 1731 W 55TH PL	1731	ROBERTO ARTILES W. 55TH PLACE EAH FL 33012	\$		S. D. to looses		To Bushes	· <u></u>
HIALEAH FL 33012	US				3. Date Incorporat 07/01/19		3a. Date of Last 05/01/	
2. Principal Place of Business	2a. Mailir 26	ng Address	7	. <u> </u>	4. FEI Number 65-006	5859		Applied For Not Applicable
Suite, Apt. #, e.c.		e, Apt. #, etc.			5. Certificate of St			75 Additional
2	27 City	& State	-		6. Election Campa		Fe	e Required
City & State	28	& State			Trust Fund Con	tribution	Add	00 May Be ded to Fees
Zip Country	Zip		30	У	8. This corporation Florida Statutes		ntangible tax under	s 199.032,
9. Name and Address of	29 Current Registered	Agent			10. Name and Ad			
g, Hanno with the			81					
ARTILES, ROBERTO			82	Street Add	dress (P.O. Box Number	is Not Acceptable	e)	
209 WEST 65TH STREET			83					
HIALEAH FL 33012			84	City			85 2	Zip Code
		on Florida Statute	as thous	named corry	protion a domite this state	mont for the man	P-1 1 1	•
			- LIIONYO-					
11. Pursuant to the provisions of Sections 6 or registered agent, or both, in the State	607.0502 and 607.15 e of Florida. Such cha	ange was authorizi 5. Florida Statutes	ed by corp	coration's bo	ard of directors. I hereby	accept the appoi	intment as registere	ed agent. I am
or registered agent, or both, in the same familiar with, and accept the obligations	s of, Section 607.050	5, Florida Statutes	s			accept the appoi		ed agent. I am
or registered agent, of both, in the familiar with, and accept the obligations	s of, Section 607.050	5, Florida Statutes	s		red when reinstating!		DATE	
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14. I do her by certify that the information indicated on this annual report or suppremarkat all the true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee ad to execute this report as required by Chapter 607, Florida Statutes; and that my name oath, that I am an officer or director of the corporation or the receiver or trustee ad 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 ardre

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEIOR

14/22/96 1823-0584 Daytine Phone 1