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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200000393 (8)

M.G. PROFESSIONAL PAINTING, INC.

Principal Place of Business Mailing Address						AD IND HÍ DAR A DANS BANSI BANS	i watah kanii adibah isila inii	I B BRIA I B B B
733 NW 82 CT		733 NW 32 CT						
MIAMI FL 3312	5	MIAMI FL 33125-3907						
'					3. Date incorp	porated or Qualified	3a. Date of Last F	Report
					10/26/199		05/22/1996	.op.o.t
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Numbe			pplied For
21		26			65-0368	569	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		€ Cortificate of	of Status Desired	\$8.75	Additional
22		27	+		S. Certinicate C	or Status Desired	Fee R	equired
City & State		City & State	h1 '			mpaign Financing	\$5.90	May Be
23	Country	28	T. Country			Contribution		to Fees
Zip	Country	Zip	Country		,	· -	intangible tavander s ☐ Yes ☐ No	s. 199.032,
24	25 25 Name and Address of Curr	29 ant Registered Agent	[30]		F Iorida Stat	Address of New Re		
All	ANTONO	THE THE PARTY OF T	81	Nam		7.000	giototou rigent	
	NW 32 CT							
	MI FL 33125		82	Stree	et Address (P.O. Box Nun	nber is Not Acceptat	ole)	
******	W. 1 E 00120		83					
-							····	
			84	City			FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statut	es, the above	-name	ed corporation submits th	is statement for the p	ournose of changing i	its registered
office or i	registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida, Such change was a realions of, Section 607,0505, Flo	authorized by orida Statutes	the o	orporation's board of dire	ctors. I hereby accer	pt the appointment as	s registered
SIGNATURE								
DIGITATORE	Signature, typed or printed name of registered a		Finglistered Age	nt signat	ure required when reinstating)		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTOR	
TITLE	PD ANTONIO	☐ DELETE	1.1 DTLF				Change	Addition
NAME	GIL, ANTONIO 733 NW 32 CT		1.2 NAME					
STREET ADDRESS	MIAMI FL 33125		1.3 STREET		S			
CITY-ST-ZIP	STD	DELETE	1.4 CITY - S 2 1 TITLE	1-7IP	9+D		Change	Addition
NAME	PEREZ, MARGARITA	_ battle	2.2 NAME		Gir m	ODGADI	to Monange	E ⊢ Mudillou
STREET ADDRESS	733 NW 32 CT		2.3 STREET	ADDRES	1212111	ノジンの中	.X. T	
CITY-ST-ZIP	MIAMI FL 33125		2.3 3 HAT 1		GIL M Friam	1 F(33)	192	
TITLE	VD	DELETE	3.1 TITLE	21 - 211	1.000.10	1 /	Change	Addition
NAME	MORENO, JOSE R		3.2 NAME					
STREET ADDRESS	733 NW 32 CT		3 3 STREET	ADDRES	s			
CITY-ST-ZIP	MIAMI FL 33125		3 4. CITY - 9	it-ZIP				
TITLE		DELETE	4 1 117 LF				Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			43 STREET	ADDRES	S			
CITY-ST-ZIP			44 CITY - S	T - 7IP				
TILE		☐ DELETE	5111111]		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRES	S			
CITY-ST-ZIP		Dourt	5.4 CITY - S	1 - ZIP		-	T3 05	ГПане
TITLE		☐ DELFTE	6.1 TITLE				L. Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			0.3 STREET		5			
CITY-ST-ZIP	L by certify that the information supple	ied with this filma does not quali	64 CITY - S fy for the exe	rintion	L stated in Section 119 07	(3)(i). Florida Statute	S. I further certify that	the
information	on indicated on this annual report of flicer or director of the corporative	supplemental innual report is t	rue and accu	rate a	nd that my signature shall	have the same lega	offect as if made un	der oath, that
i aum an c	incer of director of the conforation	or trustee empow	randa ta axea	oto IIII	s report as required by C	партег оси, Еюниа S	матиtes; апо that my i	Hame