

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 92 00 0000 393  
1. Corporation Name  
H6 Professional Painting Inc

Principal Place of Business Mailing Address  
4363 NW 11st #2-c  
Miami FL 33126

2. Principal Place of Business 2a. Mailing Address  
21 4363 NW 11st 26 Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 2-c 27  
City & State City & State  
23 Miami 28  
Zip Country Zip Country  
24 33126 25 USA 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/26/92

4. FEI Number Applied For  
65-0368569 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 owes or has paid the current year's eligible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
Coil Antonio  
4363 NW 11st #2-c  
Miami FL 33125

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

I, Pursuant to the provisions of Sections 607.0105, 607.0106, and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIP. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coil Antonio	1.2 NAME	
STREET ADDRESS	4363 NW 11st Apt 2-c	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33126	1.4 CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez Margorta	2.2 NAME	
STREET ADDRESS	4363 NW 11st #2-c	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33126	2.4 CITY-ST-ZIP	
TITLE	D Vice P. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moreno Jose	3.2 NAME	
STREET ADDRESS	11825 SW 18th Ter #78	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33125	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*150.00

6/4/16

14. I hereby certify that the information supplied with this filing 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of address or attachment of an address.

SIGNATURE: Antonio J. Moreno Date: 3/23/98 Daytime Phone #: 443 0581

CR2E034 (10/97)