

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P93000032503 (3)**

1. Corporation Name  
**MODERNDAY REFINISHING, INC.**



Principal Place of Business: **225 NE 65TH ST MIAMI FL 33138**  
Mailing Address: **225 NE 65TH ST MIAMI FL 33138**

3. Date Incorporated or Qualified: **05/03/1993**  
3a. Date of Last Report: **03/17/1995**  
4. FET Number: **65-0410242** 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 integrative tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:  
21. State, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. Country  
2a. Mailing Address:  
26. State, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. 30. Country

**9. Name and Address of Current Registered Agent**

**DE BIEN, MIGUEL A  
1910 NW 112TH AVE  
PEMBROKE PINES FL 33026**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 6.07, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
OFFICERS AND DIRECTORS

12. NAME	13. TITLE	DELETED
DP DE BIEN, MIGUEL A 1910 NW 112TH AVE PEMBROKE PINES FL 33026 DST		<input type="checkbox"/>
DE BIEN, ALEXANDRA M 1910 NW 112TH AVE PEMBROKE PINES FL 33026		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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)(b), 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. I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 137, changed, or on an attached sheet with an address.

SIGNATURE: *Miguel A. De Bien* **MIGUEL A. DE BIEN** 2/12/96 (305) 751-1971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)