FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000040561 (1)

1. Corporation Name
SUNSHINE PAINTING CORP., INC.

Principal Place of Business
4845 NW 191ST ST
MIAMI FL 33055

Mailing Address
4845 NW 191ST ST
MIAMI FL 33055

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 09/27/1994
4. FEI Number: 65-0426818 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; County — 25 / 30

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 tax under ... Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
MAURY, MANUEL J
4845 NW 191ST ST
MIAMI FL 33055

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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Enrique Maury* — *Enrique Maury.* — Date *4/30/95*

12. OFFICERS AND DIRECTORS	
TITLE	DPS
NAME	MAURY, MANUEL J
STREET ADDRESS	% 4845 NW 191ST ST
CITY-ST-ZIP	MIAMI FL 33055
TITLE	DVT
NAME	MAURY, ENRIQUE
STREET ADDRESS	% 4845 NW 191ST ST
CITY-ST-ZIP	MIAMI FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

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)(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 receiver or trustee empowered 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: *Enrique Maury* *Enrique Maury* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date *4/30/95* — Daytime Phone *621-4988*

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