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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:41

DOCUMENT # P93000050608 (7)

1. Corporation Name

R & J PAINT CENTER, INC.

Principal Place of Business

4950 E 10TH AVE
HALEAH FL 33013
US

Mailing Address

4950 E 10TH AVE
HALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

03/10/1994

4. FEI Number

65-0438233

Applied For

Not Applicable

2. Principal Place of Business

2b. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMODOVAR, ROBERTO
560 W 29 ST
HALEAH FL 33012

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

Signature, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ALMODOVAR, ROBERTO
STREET ADDRESS	4950 E 10TH AVE
CITY, ST, ZIP	HALEAH FL 33010
TITLE	STD
NAME	ALMODOVAR, JUDITH
STREET ADDRESS	4950 E 10TH AVE
CITY, ST, ZIP	HALEAH FL 33010
TITLE	VD
NAME	ALMODOVAR, JAVIER
STREET ADDRESS	4950 E 10TH AVE
CITY, ST, ZIP	HALEAH FL 33010
TITLE	VD
NAME	ALMODOVAR, JULIO
STREET ADDRESS	4950 E 10TH AVE
CITY, ST, ZIP	HALEAH FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Sections 190.01(2)(b), Florida Statutes. I further certify that the information included 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 incorporator or transferee empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13, in full or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Almodovar - President 1-13-95 305-685-3877