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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

ļ	1996	DIVISION OF (CORPORATIONS			
DOCUI	MENT # P9300	0050608 (7	<u>'</u>			
1. Corporation	n Name	1) 0000000	,			
R&J	PAINT CENTER, INC.					
					i ili biliki balai b irii birii birii b irii balai ibiri	
Principa' Place	of Business	Mailing Address		1 1001/1001 KM 10400 1/1/1 0		
4950 E 10TH AVE 4950 E 10TH AVE						
HIALEAH FL 33013		HIALEAH FL 330163				
US				3. Date Incorporated or Qualified	3a. Date of Last Report	
				07/19/1993	01/19/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	··	65-0438233	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for Florida Statutes		
E-71	24 25 29 3 9. Name and Address of Current Registered Agent			Florida Statutes Y Yes No 10. Name and Address of New Registered Agent		
			81 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Togistolog Agent	
ALMOD	ALMODOVAR, ROBERTO			Address (P.O. Box Number is Not Acceptal	ole)	
560 W	560 W 29 ST			1950 E. 10 Ave		
HIALEA	H FL 33012		83			
			84 City	11:01-06	R5 Zin Code	
11 Purcupot t	or the province of Sections CO2 OCCO			TIHICHN	FL 330/3	
or register	ed the provisions of Sections 607,0502 ad agent, or both, in the State of Florid	and 607,1508, Florida Statutes la. Sych change was authorized	, the above-named co by the corporation's	riporation submits this statement for the puboard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am	
	in, and accept the obligations of, Secti	on 60, 0505, Florida Statutes.			1.16.00	
SIGNATURE			Registered Agent signature re	eQuired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
7:11.6	PD DODGOVAD DODGOVAD	☐ DELETE	1. 1 TITLE		Change Addition	
NAM: STREET ADORESS	almodovar, roberto 4950 e 10th ave		1.2 NAME			
CITY-ST-ZIP	HIALEAH FL 33018-3		1.3 STREET ADDRESS	2ip 3303		
Til. F	STD	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	217 3323	☐ Change ☐ Addition	
NAME	ALMODOVAR, JUDITH		2 2 NAME		Kodition	
STREET ADDRESS	4950 E 10TH AVE		2 3 STREET ADDRESS	0		
CITY - ST - ZIP	HIALEAH FL 33010 3		24 CHY-ST-ZIP	Zip 33013		
THEF	VD	DELETE	3 1 TITLE		Change Addition	
NAME	ALMODOVAR, JAVIER		3 2 NAME			
SPREEL ADDRESS	4950 E 10TH AVE		3.3 STREET ADDRESS			
CHY-SI-ZIP THEE	HIALEAH FL 330163	DELETE		Zip 33013		
NAME	VD Almodovar, Julio	[] Deter	4. 1 TITLE		Change Addition	
STREET ADDRESS	4950 E 10TH AVE		4.2 NAME 4.3 STREET ADDRESS			
CHY-SI-ZIF	HIALEAH FL 3301Q3		4.4 CITY - ST - ZIP	219 33013		
litte		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME		<u> </u>	
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIP	v		5 4 CITY - ST - ZIP			
lit.f		☐ DELĒTE	6 1 TITLE		Change Addition	

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)(k), Florida Statutes. I further certify that the information indicated on this amount 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 proportion on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 on an attachment with an address.

62 NAME

6.3 STREET ADDRESS 6 4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 655 - 3577 Daytime Prione #

☐ Change ☐ Addition