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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050608 (7)

1. Corporation Name

R & J PAINT CENTER, INC.

Principal Place of Business

4950 E 10TH AVE
HIALEAH FL 33013
US

Mailing Address

4950 E 10TH AVE
HIALEAH FL 33013



3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. 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
HIALEAH FL 33012

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4950 E. 10 Ave

83

84 City

Hialeah

FL

85

Zip Code

33013

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ALMODOVAR, ROBERTO
STREET ADDRESS 4950 E 10TH AVE
CITY-ST-ZIP HIALEAH FL 33013

TITLE STD ☐ DELETE

NAME ALMODOVAR, JUDITH
STREET ADDRESS 4950 E 10TH AVE
CITY-ST-ZIP HIALEAH FL 33013

TITLE VD ☐ DELETE

NAME ALMODOVAR, JAVIER
STREET ADDRESS 4950 E 10TH AVE
CITY-ST-ZIP HIALEAH FL 33013

TITLE VD ☐ DELETE

NAME ALMODOVAR, JULIO
STREET ADDRESS 4950 E 10TH AVE
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Zip 3303

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Zip 33013

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Zip 33013

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Zip 33013

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 Section 119.07(3)(k), 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, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

305-685-3877

Daytime Phone #

CR2E034 (12/95)