FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058772 (3)

1. Colporation Name						
M.S.	PAINTING, CORPOR	ATION				
Principal Place of Business Mailing Address						
2814 N.W. 17 AVENUE 2814 N.W. 17 AVENUE						
MIAMI, FL 33142 MIAMI, FL 33142				•		
US		US		3. Date Incorporated or Qualific	ed 3a. Date of Last Report	
					08/23/1993	05/01/1996
2. Principal P	Place of Business	2a. Mailing Address	ailing Address		4. FLI Number	Applied For
21 26			- A - A - A - A - A - A - A - A - A - A		65-0431294	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional Fee Required
22					O Charles Con and E	
23 28 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip	Country	7ip	Country	/		for intangible tax under s. 199.032,
24	25 29 30		<u></u> ├─── '		Florida Statutes X Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New	
			81	Name		
SANCHEZ, JOSE M.				Street	Address (P.O. Box Number is Not Accept	plable)
5050 N.W. 195TH TERRACE						
"CAROL CITY, FL 33055						
			84	City		85 Zip Code
D. Durawasi	to the previous of Section 607.056	and CO7 4500 Florido Ctat	utos the she	<u> </u>	corporation submits this statement for the	FL S Z OOGC
office or r	registered agent, or both, in the State c	of Florida. Such change was	s authorized bi	v the cord	corporation submits this statement for tr poration's board of directors. I hereby ac	cept the appointment as registered
• • • • • • • • • • • • • • • • • • • •	im familiar with, and accept the obliga	Fons of, Section 607.0505, I	Iorida Statute	s.		-
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NE	THE Registered Ag	ent signature	required when reinstating)	JANE
12.	OFFICERS AND		13.			FICERS AND DIRECTORS IN 12
TITLE	STD DELETE		111111			Criange Addition
NAME	LOPEZ, DINGRA		1.2 NAME			
STREET ADDRESS	5050 N.W. 195 TERRACE		13 STREE	ADDRESS		
CITY-ST-ZIP	CAROL CITY, FL 33055		14 CITY-5	ST - ZIP		
TITLE	PD DELETE 21				P/T/S/D	Change Addition
NAME	SANCHEZ, JOSE M. 222 5050 N.W. 195TH TERRACE 233				SANCHEZ, JOSE M. 5050 N.W. 195TH TERF	A CE
STREET ADDRESS	GAROY OTHER BY SOME			ADDRESS	CAROL CITY, FL 33055	
CITY-ST-ZIP TITLE				S1 - 7(P	CAROL: CIII, FL 3303	Change Addition
NAME	12		3 1 7 ITEF 3 2 NAME			Charge L Addition
STREET ADDRESS	ORIGINAL TOTAL			ADDRESS		\bigcirc \bigcirc \bigcirc
CHTY-ST-ZIP	MIAMI, FL 33142		3.4. CHY-			PX 14 4
TITLE		DELETE	4.1 TITLE	<u> </u>		☐ Øliang ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADORESS		ソン・
CITY-ST-ZIP			4.4 CHY - 9	51 - 7IP		
TITLE		☐ DELETE	511011			Change Addition
NAME	}		52 NAME			
STREET ANDRESS			5.3 STH(F)	ADORESS	2000021	87213
CITY-\$1-ZIP			5.4 CHY-5	31 - ZIP	3000021 	042050
			G 1 THLE		***165 00	Change Addition
NAME			62 NAMI	1	**************************************	

14. Ido hereby certify that the information supplied with this filing 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 chapter or or an altachment with an address.

ME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

G 4 CHY-ST-ZIP

SIGNATURE:

STREET AUDRESS

CITY-ST-ZIP

JOSE M. SANCHEZ

4/23/97

Daytime Phone I

FILED

May 01 1997 8:00am

Secretary of State