SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000068012 (2) DOCUMENT # CHUEY PAINTING INCORPORATED Mailing Address Principal Place of Business 12253 SW 18 TERR 12253 S.W. 18 TERR. MIAMI FL 33175 MIAMI FL 33175 3a. Date of Last Report LIS 3. Date Incorporated or Qualified 09/30/1993 08/15/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0442797 Not Applicable 26 21 \$8.75 Additional Sinte: Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Žιρ Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GONZALEZ, SALISTIANO Street Address (P.O. Box Number is Not Acceptable) 12253 SW 18 TERR 82 **MIAMI FL 33175** 83 85 Zip Code City 84 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 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 (NOTE Registered Agent signature required when reinstand) Signature type for project, an elof registered agent and title if applicable (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 HTLE ח TITLE **CR2E034** 1.2 NAME GONZALEZ, SALUSTIANO NAME 12253 SW 18 TERR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 1.4 C(TY - ST - Z)P CITY - ST - ZIP Change Add-tion DELETE 2.1 TITLE TITLE 2.2 NAME CHUEY DE GONZALEZ, SANDY NAME 2.3 STREET ADDRESS 12253 SW 18 TERR STREET ADDRESS 2 4 CITY - ST - ZIP **MIAMI FL 33175** CITY - ST - ZIP Change Addition DELETE 3.1 TiTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TIFLE HILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TIRE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 Cily - ST - ZiP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this fling 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 or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: