Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90029 027 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000074462

MIAMI PO	OWDER COATINGS I	INC.			E ERROGERAN SER FRINKE MINIS ROOM ARMIN BRANT RA		
Principal Place	Mailing Address						
4701 NW 165 STREET HIALEAH FL 33014		4701 NW 165 STREET HIALEAH FL 33014					
	-				DO NOT WRITE IN TH	S SPACE	
					3. Date Ir corporated or Qualifed 10/21/1993		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	App	lied For
21		<del></del>	26		65-0445292	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	Iditional
22		27	27		5. Certificate of Status Desired	Fee Red	uired
City & State	<del></del>	City & State			6. Election Campaign Financing	\$5.00	fav Be
23		28	28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	Intangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes [	∐No
		of Current Registered Agent			10. Name and Address of New Registere	d Agent	
	·		81	Name			
Stubbs, denver			82	Compot Acc	dress (P.O. Box Number is Not Acceptable)		
4701 NW 165 STREET			02	Street ACC	dress (F.O. Box Number is Not Acceptable)		1
HIALEAH FL 33014			83				
			oxdot				
			84	City	F	85 Zip C	ode
office or re agent. ar SIGNATURE	egistered agent, or both, in t	he State of Florida. Such change was autr he obligations of, Section 607.0505, Florid	norized by la Statutes	the corporat	rporation submits this statement for the purpose tion's board of cirectors. I hereby accept the apparent when reinstating)  DATE	ointment as reg	stered
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	STUBBS, DENVER		12 NAME				
	4701 NW 165 STREET			T ADDRESS			
STREET ADDRE 3S	HIALEAH FL 33014						
CITY-ST-ZIP	HIALEAN FL 33014		1.4 CITY-S 2.1 TITLE	SI-ZIP		Change	Addition
TITLE			2.2 NAME			_ ,	_
NAME				T. 1000500			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP		Change	Addition
TITLE		C Defete					
NAME ·			3.2 NAME				
STREET ADDRE 3S			1	TADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition
TITLE		( ) USLETE	4.1 TITLE			CT Strongs	
NAME	l		4 2 NAME				
STREET ADDRESS			E	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			- I A a distant
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5 2 NAME				
STREET ADDRE 3S			5.3 STREE	TADDRESS			

14. I 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 on the receiver or trusted empowered to execute this report as recuired 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, with all other like empowered.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition