

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086032 (8)

1. Corporation Name

I.A. PAINTING & WATERPROOFING, INC.



Principal Place of Business

4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

Mailing Address

4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0452348

Applied For
Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALIAS, ILAN
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ALIAS, ILAN
STREET ADDRESS 4206 ENTERPRISE AVE., UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE D ☐ DELETE
NAME GERBEC, SCOTT
STREET ADDRESS 4206 ENTERPRISE AVE., UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE D ☒ DELETE
NAME CASTRILLON, CARLOS
STREET ADDRESS 4206 ENTERPRISE AVE. A-7
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice-President ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☒ Change ☐ Addition
3.2 NAME Ricardo Chacon
3.3 STREET ADDRESS 4206 Enterprise Ave. Unit A-7
3.4 CITY-ST-ZIP Naples, FL 33942

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)