

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 27 1998 8:00am
Secretary of State

DOCUMENT # P94000027601 (1)

1. Corporation Name

SUPERIOR TUB REFINISHING, INC.



Principal Place of Business

4485-91 STIRLING RD.
SUITE 206
FT. LAUDERDALE FL 33314

Mailing Address

4485-91 STIRLING RD.
SUITE 206
FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

65-0481906

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4680 SW 33rd Ave #6

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale FL

24 33312

Country

2a. Mailing Address

25 4680 SW 33rd Ave #6

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale FL

29 33312

Country

9. Name and Address of Current Registered Agent

VALENZUELA, HILDE B
4485-91 STIRLING RD.
SUITE 206
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name Castiblanco Molly

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

4680 SW 33rd Ave #6

83

84 City Ft. Lauderdale

FL

85 Zip Code 33312

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 *Molly Castiblanco*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME VALENZUELA, HILDE B
STREET ADDRESS 1105 S 19TH AVE
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE D
NAME CATIBLANCO, MOLLY
STREET ADDRESS 2114 COOLIDGE ST
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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 changed, or on an attachment with an address.

3/23/98

CP2E034 (10/97)