**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 12:15

DOCUMENT # P94000031870 (6)

1. Corporation Name
SEBASTIAN PAINTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5440 N STATE RD 7 (441)<br>1ST FL OFFICE 108<br>FT LAUDERDALE FL 33319 | 5440 N STATE RD 7 (441)<br>1ST FL OFFICE 108<br>FT LAUDERDALE FL 33319 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:
2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 65-0488109 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): County (25): Zip (29): County (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEBASTIAN, IGNACIO G
3071 NW 91ST AVE 202
FT LAUDERDALE FL 33065

10. Name and Address of New Registered Agent

81 Name: JAIRO BOSCH
82 Street Address (P.O. Box Number is Not Acceptable): 5440 N. STATE ROAD 7 (441)
83: SUITE # 8
84 City: FORT LAUDERDALE FL 85 Zip Code: 33319

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] 5/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | SEBASTIAN, IGNACIO G | 12 NAME | - | |
| STREET ADDRESS | 3071 NW 91ST AVE 202 | 13 STREET ADDRESS | | |
| CITY ST ZIP | CORAL SPRINGS FL 33065 | 14 CITY ST ZIP | | |
| TITLE | | 21 TITLE | JAIRO BOSCH<br>TREASURER | ☐ Change ☒ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | 5440 N. ST. RD. 7, SUITE #8 | |
| CITY ST ZIP | | 24 CITY ST ZIP | FT. LAUDERDALE, FL. 33319 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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] 6/22/95 305/730-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220043 CP