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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000033661 (7)

1. Corporation Name
FIRST QUALITY PAINTING, INC.



Principal Place of Business
4206 ENTERPRISE AVE UNIT A-7
NAPLES FL 33942

Mailing Address
4206 ENTERPRISE AVE UNIT A-7
NAPLES FL 34104-7008

3. Date Incorporated or Qualified 04/28/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 9650 Victoria Lane
Suite, Apt. #, etc. Unit B-305
22 City & State Naples, Florida
23 Zip 34109 Country USA
24 34109 25 USA
2a. Mailing Address
26 9650 Victoria Lane
Suite, Apt. #, etc. Unit B-305
27 City & State Naples, Florida
28 Zip 34109 Country USA
29 34109 30 USA

4. FEI Number 65-0483451
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALICE, MEIR
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) 9650 VICTORIA LANE
83 UNIT B-305
84 City NAPLES FL 85 Zip Code 34109

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 meir Alice
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 P ☐ DELETE
NAME ALICE, MEIR
STREET ADDRESS 4206 ENTERPRISE AVE UNIT A-7
CITY-ST-ZIP NAPLES FL 34104
TITLE T ☐ DELETE
NAME BURGOS, ISRAEL
STREET ADDRESS 4206 ENTERPRISE AVE UNIT A-7
CITY-ST-ZIP NAPLES FL 34104
TITLE V ☒ DELETE
NAME LEDEZMA, ADONAY
STREET ADDRESS 4206 ENTERPRISE AVE. UNIT A-7
CITY-ST-ZIP NAPLES FL 34104
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 ☐ 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 VID ☒ Change ☐ Addition
3.2 NAME MALDINADO, GILBERTO
3.3 STREET ADDRESS 9650 VICTORIA LANE UNIT B-305
3.4 CITY-ST-ZIP NAPLES, FLORIDA 34109
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 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.

SIGNATURE: meir Alice REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date Daytime Phone #

CR2E034 (9/96)