

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # P94000043641

1. Corporation Name

LABRADA PAINTERS INC.

Principal Place of Business

Mailing Address

~~6110 West 24th Ct Ste. 102~~ same
~~Hialeah Fl 33016~~

2. Principal Place of Business

2a. Mailing Address

21 7877 West 16 Avenue

26 7877 West 16 Avenue

State Apt # etc

State Apt # etc

22 City & State

27 City & State

23 Hialeah Florida

28 Hialeah Florida

Zip

Zip

24 33014

29 33014

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1994

4. FET Number

Applied For

65-0499516

Not App. Status

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 193.03, Florida Statutes.

Yes ☒ No ☐

10. Name and Address of New Registered Agent

81 Name

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

83

84

City

Hialeah

FL 85

Zip Code

33014

11. Pursuant to the provisions of Sections 607.080 and 607.081, Florida Statutes, this 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. Thereby each of the appointed and registered agent, familiar with and accept the obligations of Section 607.080, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

15. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

16. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

17. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

18. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

19. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

20. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

21. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

22. SIGNATURE

NAME

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE: EVELIO LABRADA JR. - EVELIO LABRADA 8/5/96

362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)