AMOUNT DUE	NOTICE: CORPORATION WILL BE I ON DR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTER A	AUGUST 7, 1996. E to reinstate: \$375.)		
COF	PROFIT RPORATION UAL REPORT 1996	<i>(*)</i>	IMEN OF SITE Modulary y of State CORPORTHONS		The fire to
DOCUMENT # P9400064638 (7)				97 NOV -4 PH 4: 20	
ALUMATEC ELECTRO PAINTING, CORP.				SEC Tali	RETARY OF STATE
Principal Place of Business Mailing Address				1 1944 60 110 1841 6141 6614 6514 6514	
7547 W. 24TH AVE. 7547 W. 24TH AVE. HIALEAH FL 33016 HIALEAH FL 33016				3. Date Incorporated or Qualified	T ****
2. Principal Place of Business 2a. Malling Address				09/01/1994 4. FEI Number	10/11/1995 Applied For
21 7525 W. 24 AUS 26 Suite, Apt. #, etc.			65-0519458	Not Applicable \$8.75 Additional	
27 City & State City & State				5. Certificate of Status Desired	Fee Required
23 HIALEAH FL 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
Zip 24 33c	Country S A	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
4.4	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
MIGUEL, MILAGROS 5711 N.W. 198 TERRACE 82 Street Addre				fress (P.O. Box Number is Not Accepta	plo)
М	IAMI FL 33015		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Plorida Statutes	s, the above-named corp	poration submits this statement for the p	purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 any accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE					
12.	Signature, typed or printed natural registered agent. OF FICERS AND		Registered Agent signature requi	· · · · · · · · · · · · · · · · · · ·	DATE
TITLE	P	DELETE	1.3 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME CTOTET ADDRESS	MIGUEL, MILAGROS		1.2 NAME		0410702
STREET ADDRESS CITY-ST-ZIP	5711 N.W. 198 TERRACE MIAMI FL 33015		1.3 STREET ADDRESS 1.4 City - St - Zip	-11/07	3419722 { 79701102017 } 83.75□*****383.75
TITLE	V	DELETE	21 TITLE	****3	83.75[]*陈春363.75(in)
NAME Street address	MIGUEL, MAX 5711 N.W. 198 TERRACE		2 2 NAME		
CITY-ST-ZIP	MIAMI FL 33015		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE	ST .	DELETE	3.1 TITLE		Change Addition
NAME Street address	MIGUEL, NIDIA 5711 N.W. 198 TERRACE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME Street address			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 DITY - S1 - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY - ST - ZiP		
TITLE NAME		DILETE	6.1 7ITLE		2 Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	//	(/)
CITY-ST-ZIP		24L-M-22-402	6.4 CITY-S1-ZIP	U ¹	\sim
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 directory the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 the changed, or on application of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 the changed, or on application of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 the changed, or on application of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.					
SIGNATURE: 4/26/57 305 921-0220 Details and types on Printing Name of Signing Officer on Director Signature and types on Printing Name of Signing Officer on Director					





Specializing in Industrial and Commercial Refinishing

October 30, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn.: Re-Instatement Trevor

Per our previous conversations, please find enclosed, a check # for \$385.00 that covers the re-instatement for year 1996.

Please note as per my conversation with Ms. Trevor Brumbley the address was incorrect. Therefore, we did not receive the renewal form. Please be so kind as to process this as soon as possible so we can renew our 1997 & 1998 Corporation.

Thank you in advance for your help and cooperation towards this matter. If you have any questions or concerns, please do not hesitate to contact me at your earliest convenience.

Sincerely.

Millie Miguel President