

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012582 (9)

1. Corporation Name  
SANTA ROSA PAINTING, INC.

Principal Place of Business

10379 SW 209 LN  
MIAMI FL 33189

Mailing Address

10379 SW 209 LN  
MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>02/13/1995  | 3a. Date of Last Report<br>12/23/1996 |
| 4. FEI Number<br>65-0558753  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

LOZANO, RAFAEL  
10379 SW 209 LN  
MIAMI FL 33189

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   | FL           |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HERNANDEZ, ELBA                     | 1.2 NAME  |  |
| STREET ADDRESS             | 10379 SW 209 LN                     | 1.3 STREET ADDRESS                                    | 700002262077--0  |
| CITY-ST-ZIP                | MIAMI FL 33189                      | 1.4 CITY-ST-ZIP                                       | -08/08/97--01114--001  |
| TITLE                      | D <input type="checkbox"/> DELETE   | 2.1 TITLE   | ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOZANO, RAFAEL                      | 2.2 NAME  |  |
| STREET ADDRESS             | 10379 SW 209 LN                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33189                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 3.2 NAME  |  |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 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.

CR2E034 (4/97)

JB  
8-11-97

(305)

2012

**TAXSMART, INC.**  
**JIM SIERRA & ASSOCIATES**

9290 Sunset Drive • Ste 105 • Miami, FL 33173  
Phone (305) 271-7310 • Fax (305) 271-4422

Monday, July 28, 1997

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

**RE: SANTA ROSA PAINTING, INC.**  
**FEIN: 65-0558753**  
**PROFIT CORPORATION ANNUAL REPORT**

Dear Sirs,

Please be informed that the company mentioned above just filed a reinstatement of its corporation at the end of last year (copy of cancelled check for reinstatement fee included). After its reinstatement, they did not received the 1997 corporation annual report, so that they did not know they still have to file the report with the respective payment. Recently, they received a notice stating that they are late in the filing of its annual report.

I would like to ask you to waive the \$385.00 late fee since the report and payment will be received after the filing due date.

I will greatly appreciate your understanding and cooperation with this matter and look forward for a good response from your part.

Sincerely,

TAXSMART, INC



JIM SIERRA, EA

cc. Santa Rosa Painting, Inc.

Enclosures: Annual Report  
Payment for \$165.00  
Copy of Power of Attorney