## .. FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000017532 (9)

MEXICAN FINISHING, INC.

961 S.W. 93RD AVENUE PLANTATION FL 33324

Principal Place of Business

Mailing Address

961 S.W. 93RD AVENUE PLANTATION FL 33324-3813

## **FILED** Feb 14 1997 8:00am Secretary of State

3a. Date of Last Report 03/01/1996



3. Date Incorporated or Qualified 03/02/1995

| 2. Principal Place of Business<br>2021 SW 70th Ave<br>21   |                  |                             | 2a. Mailing<br>26 2021            | 2a. Mailing Address 70th Ave. |              |                         |   | 4. FEI Number 59-3305077  |   |  | <del></del>                            | optied For<br>of Applicable |  |  |  |  |  |  |  |  |
|--|------------------|-----------------------------|-----------------------------------|-------------------------------|--------------|-------------------------|---|---|---|--|--|-----------------------------|--|--|--|--|--|--|--|--|
| Suite, Apt   | #,elo.<br>ite B- | 12                          |                                   | Suite, Apt. #, etc.           |              |                         |   | 5.  | Certificate of Status Desired                       |  | \$8.75                                 |                             |  |  |  |  |  |  |  |  |
| City & State   |                  |                             | City & S                          | City & State  28 Davie, FL    |              |                         |   |   | Election Campaign Financing Trust Fund Contribution |  |  | May Be                      |  |  |  |  |  |  |  |  |
| Zip  | 1 2224           |                             |                                   | Zip Cou                       |              |                         | The believe that the                                  |   |   | ity for intendible tax under s. 199.032, |  |                             |  |  |  |  |  |  |  |  |
| 24 33317   |                  | 25 USA                      |                                   |                               |              |                         |   | Florida Statutes Yes No  10. Name and Address of New Registered Agent   |   |  |  |                             |  |  |  |  |  |  |  |  |
|  |                  | Surrent Registered Ag       | 81                                | ·                             | 10.          | Name and Address of New | Registered  | Agent   |   |  |  |                             |  |  |  |  |  |  |  |  |
| ONTEDIA, DAMAGO TI   |                  |                             |                                   |                               |              |                         | Name  |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| 961 S.W. 93RD AVENUE   |                  |                             |                                   |                               |              |                         | 82 Street Address (P.O. Box Number is Not Acceptable) |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| PLANTATION FL 33324  |                  |                             |                                   |                               |              |                         | · ·   |   | <u> </u>  |  |  |                             |  |  |  |  |  |  |  |  |
|  |                  |                             |                                   |                               |              |                         | •   |   |   | •  |  |                             |  |  |  |  |  |  |  |  |
|  |                  |                             |                                   |                               |              |                         | City  |   |   | FL                                       | <b>85</b> Zip i                        | Code                        |  |  |  |  |  |  |  |  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the all  |                  |                             |                                   |                               |              |                         | amed corpo  | netion  | submits this statement for t                        |  |  | is registered               |  |  |  |  |  |  |  |  |
| 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. |                  |                             |                                   |                               |              |                         |   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
|  | m tamhar w       | iin, and accept the         | obligations of, Section           | 1 607.0505, Fil               | rioa Stati   | utes.                   |   |   |   | •  |  |                             |  |  |  |  |  |  |  |  |
| SIGNATURE  | Signature typed  | For printed name of registi | ered agent and tole if applicable | e (NOT)                       | E Registered | Agent s                 | signature requires                                    | when i  | reinslating)  | DATE                                     |  |                             |  |  |  |  |  |  |  |  |
| 12.  |                  |                             | RS AND DIRECTORS                  |                               | 13.          |                         |   |   | DDITIONS/CHANGES TO O                               |  | DIRECTOR                               | S IN 12                     |  |  |  |  |  |  |  |  |
| TITLE  | מ                |                             |                                   | DELETE                        | 1.1 TIT      | LE                      |   |   | ······································              |  | Change                                 | S IN 12 Addition            |  |  |  |  |  |  |  |  |
| NAME   | Jean             | nnie R. M                   | Miller                            |                               | 1.2 NA       | ME                      |   |   |   |  |  | l.                          |  |  |  |  |  |  |  |  |
| STREEF-ADDRESS   | 202              | 1 SW 70t1                   | Ave.,Ste                          | e.,Ste.B-12 138               |              |                         | DRESS   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIF  | Dav:             | ie, FL 33                   | 3317                              |                               | 1.4 CIT      | Y-ST-2                  | ZIP   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| TillF  |                  |                             |                                   | DELETE                        | 2.1 TIT      |                         |   |   | ·····   |  | Change                                 | Addition                    |  |  |  |  |  |  |  |  |
| NAME   |                  |                             |                                   |                               | 2.2 NA       | ME                      |   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |                  |                             |                                   |                               | 2.3 ST       | REET AD                 | DRESS   |   |   |  | •                                      |                             |  |  |  |  |  |  |  |  |
| CITY-ST-7IP  |                  |                             |                                   |                               | 2. 4 CI      | TY-ST-                  | ZIP   | ,   |   |  |  |                             |  |  |  |  |  |  |  |  |
| TITLE  |                  |                             |                                   | DELÉTÉ                        | 3.1 T(T      | LE                      | 141:-2  | .,=,,   |   | W Bry Pro                                | ☐ Change                               | Addition                    |  |  |  |  |  |  |  |  |
| NAME   |                  |                             |                                   |                               | 3.2 NA       | ME                      |   |   |   |  |  | ·                           |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |                  |                             |                                   |                               | 3.3 STI      | REET AD                 | DRESS   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| CITY-ST-7IP  |                  |                             |                                   |                               | 3.4. CI      | TY-ST-                  | ZIP   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| TITLE  |                  |                             |                                   | ☐ DELETE                      | 4.1 TIT      | LE                      |   |   |   |  | [] Change                              | Addition                    |  |  |  |  |  |  |  |  |
| NAME   |                  |                             |                                   |                               | 4. 2 NA      | AMÉ                     |   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |                  |                             |                                   |                               | 4.3 STI      | REET AD                 | DRESS   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| CITY-ST-ZP   |                  |                             |                                   |                               |              | Y-ST-7                  | ZIP   |   | ·   | · · · · · · · · · · · · · · · · · · ·    |  |                             |  |  |  |  |  |  |  |  |
| 11TLE  |                  |                             |                                   | ☐ DELETE                      | 5.1 TIT      |                         |   |   |   |  | Change                                 | Addition                    |  |  |  |  |  |  |  |  |
| NAME   |                  |                             |                                   |                               | 5.2 NA       |                         |   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| STREET AOORESS   |                  |                             |                                   |                               | 53 \$10      | reet ad                 | DRESS   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| CITY+ST+ZIP  |                  |                             |                                   | D British                     |              | 14-51-2                 | ZIP   |   |   |  | —————————————————————————————————————— |                             |  |  |  |  |  |  |  |  |
| TITLE  |                  |                             |                                   | DELETÉ                        | 6.1 T∤T      |                         |   |   |   |  | L Change                               | Addition                    |  |  |  |  |  |  |  |  |
| NAME   |                  |                             |                                   |                               | 62 NA        |                         |   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| STREET ADDRESS   |                  |                             |                                   |                               | 6351         | REET AD                 | DRESS   |   |   |  |  |                             |  |  |  |  |  |  |  |  |
| CITY-ST-ZIF  | h                | at the info-                | months of talk to the fill -      | door net + : - !!             |              | Y-ST-2                  |   |   | otion 410 07/0V/\ Florid- 0*-                       | dudan I Kudhi :                          | a noutlé , al i                        | the                         |  |  |  |  |  |  |  |  |
| informatic   | oń indicated.    | on this annual repo         | ort or supplemental ani           | hual report is t              | rue and a    | iccurá                  | ite and that r  | 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 payoration 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 of Block 43 of thanned on the payorate with an address. |   |  |  |                             |  |  |  |  |  |  |  |  |