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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State

DIVISION OF CORPORATIONS

thus

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Country

1. Corporation Name 7 793000029022 (4)	DOCUMENT # 1, Corporation Name	P95000029622	(4)
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9. Name and Address of Current Registered Agent

EAGLE REFINISHING SUPPLIES INC.

102335W 143 Flv.

Principal Place of Business

Mailing Address

10233 S.W. 143RD AVE. MIAMI FL 33185

2. Principal Place of Business

Suite, Apt. #, etc.

MIDMI

City & Ştate

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10233 S.W. 143RD AVE. MIAMI FL 33185

2a. Mailing Address 26 10233

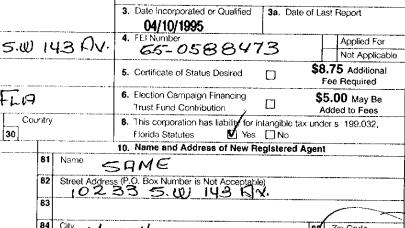
City & State

27

Suite, Apt. #, etc.

MIAMI

33186



81 Name SAME PORTOCARRERO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 82 10233 S.W. 143RD AVE. 83 MIAMI FL 33185 84 MIRMI 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 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, typed or printed name of registered agest and title inapplicable (NOTE: Registered Agent signature required whon reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE PTD 1. 1 TrillE Change -Addition NAME PORTOCARRERO, ROBERTO 1.2 NAME STREET ADDRESS 10233 S.W. 143RD AVE. 1.3 STREET ADDRESS CITY-ST-ZIP 33186 MIAMI FL 33185 1.4 CITY-ST-ZIP TITLE DELE1E SVD 2. 1 TITLE Change Addition NAME PORTOCARRERO, LYLLIAM 2.2 NAME STREET ADDRESS 10233 S.W. 143RD AVE. 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 33186 2.4 C/TY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-7P 3 4 CITY-\$T-ZIP THEF DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6. 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City-St-7_iP

14. I do hereby certify that the information supplied with this fiting 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 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 13 if changed, or on an altachment with an address.

SIGNATURE: