

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000029622 (4)

1. Corporation Name

EAGLE REFINISHING SUPPLIES INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10233 S.W. 143RD AVE.		26 10233 S.W. 143RD AVE.		04/10/1995			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				65-0588473		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
MIAMI, FLA.		MIAMI, FLA.		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		29 Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
33186		33186		Trust Fund Contribution		<input type="checkbox"/>	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTOCARRERO, ROBERTO  
10233 S.W. 143RD AVE.  
MIAMI FL 33185

81 Name	SAME
82 Street Address (P.O. Box Number is Not Acceptable)	10233 S.W. 143RD AVE.
83	
84 City	MIAMI
FL	85 Zip Code
	33186

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTOCARRERO, ROBERTO	1.2 NAME	
STREET ADDRESS	10233 S.W. 143RD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	1.4 CITY-ST-ZIP	33186
TITLE	SVD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTOCARRERO, LYLLIAM	2.2 NAME	
STREET ADDRESS	10233 S.W. 143RD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	2.4 CITY-ST-ZIP	33186
TITLE		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		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		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		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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)