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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000030875 (5)

DOCUMENT #
1. Corporation Name MIAMI REMODELING EXPERTS, INC.

FILED Mar 07 1996 8:00 am Secretary of State

				E
Principal Place of Business	Mailing Address		(aniak istil zálát iztil löftt fitt 1881
30501 S.W. 157TH AVENUE HOMESTEAD FL 33033	30501 S.W. 157TH AVE HOMESTEAD FL 33033	NUE		
			3. Date Incorporated or Qualified 3a 04/24/1995	. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6850 CORAL WAY	26 6850 CORAL	WAY	65-0575164	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 SUITE 200 27 SUITE 200			5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23 MIAMI, FLORIDA	28 MIAMI, FLO	RTDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zφ	Country	8. This corporation has liability for intang	Added to Fees
24 33155 25 DADE	29 33155	30 DADE	Florida Statutes Yes	
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Regist	ered Agent
1014 A11004 A11004		81 Name	SERAFIN R. PEREZ	
30501 S.W. 15/TH AVENUE			et Address (P.O. Box Number is Not Acceptable)	
			6850 CORAL WAY	
HOMESTEAD PL 33033		03	SUITE 200	
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes	the above named coro	MIAMI	FL 33155
or registered agent, or both, in the State of F familiar with, and accept the obligations of S	ionual ough change was authorized	by the corporation's bo	oration submits this statement for the purpose lard of directors. I hereby accept the appointmi	ent as registered agent. I am
SIGNATURE / Sozafise /	Ines	Registered Agent signature regis		3 /oy /1996
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
THE D	X) DETEIF	1 1 T TLE	D	Change Addition
NAME VILLAMOR, ANGEL A		1.2 NAME	SERAFIN R. PEREZ	 . , –
STREET ADDRESS 3001 S.W. 157THA VE.		1.3 STREET ADDRESS	6390 SW 20TH STREET	
C-TY-ST-ZIP HOMESTEAD FL 33033		1.4 CHY+SI+ZIP	MIAMI, FLORIDA 33155	
TiTLE	□ DELETE	2 TTBLE		Change Addition
NAME CEOCIA I DOCESO		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
0.14 - \$1 - 7.12 111 : E	□ DELETE	24 CITY - ST 710		Character C Addition
NAME		3 2 NAME		Change 🔲 Addition
STREET ADDRESS		33 STREET ADDRESS		
CHY+ST-ZIP		3.4 CiTY - \$1 - ZiP		
ME	OE1€16	4 1 TITLE		Change Addition
NAME		4.2 NAMs		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-ST-ZiP		4.4 CITY - \$1 - ZIP		
TIFE	DELETE	5 1 THEF		Change Addition
NAME OF SECURITIES		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CRAY-ST-7IP	[] DELETE	5 4 C-TY - ST - 7-P		
NAME	[DELETE	6 1 Tifle		Change Addition
STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
City SI-ZIP		6 4 CRY-ST-ZIP		
14. I do hereby certify that the information supplies	sel with this filera in reduction with funcial	■ 0.5 (111 - ST-ZIF	Entitle and the second	

I do nereby 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 trusted 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 attachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vos /09/996 /661-1616.