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FILED
Jul 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000051624 (1)

1. Corporation Name
MISKO PAINTING, INC.



Principal Place of Business

200 S. BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 1050
MIAMI FL 33131-2394

2. Principal Place of Business

21 100 SE 2ND ST.

Suite, Apt. #, etc.

22 2600

City & State
MIAMI FL 33131

Zip

24 33131

Country

2a. Mailing Address

26 100 SE 2ND ST.

Suite, Apt. #, etc.

27 2600

City & State
MIAMI FLA.

Zip

29 33131

Country

30

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

08/09/1996

4. FEI Number

65-0596916

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQ.
SCHANTZ, SCHATZMAN & AARONSON, P.A.
200 S. BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2394

10. Name and Address of New Registered Agent

81 Name BENNETT, JOSH N
82 Street Address (P.O. Box Number is Not Acceptable)
BENNETT & DALES, P.A.
83 100 SE 2ND ST. - SUITE 2600
84 City MIAMI FL 85 Zip Code 33131

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 for if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTS ☐ DELETE

NAME SCHNOLL, MICHAEL
STREET ADDRESS 1816 COUNTRY CLUB DRIVE
CITY-ST-ZIP CHERRY HILL NJ

TITLE DCM ☐ DELETE

NAME SCHNOLL, MICHAEL
STREET ADDRESS 1816 COUNTRY CLUB DRIVE
CITY-ST-ZIP CHERRY HILL NJ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, trustee or assignee 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] 7/14/97

CR2E034 (9/96)