

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 # **P95000065625 (2)**

1. Corporation Name

ANDRE NICHOLSON PLASTERING, INC.



Principal Place of Business

**1137 NORTH WEST 99TH STREET
MIAMI FL 33150**

Mailing Address

**1137 NORTH WEST 99TH STREET
MIAMI FL 33150**

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Subst. Apt. #, etc.

26. Subst. Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

4. FEI Number

65-0612131-062012

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

10. Name and Address of New Registered Agent

**NICHOLSON, ANDRE
1137 NORTH WEST 99TH STREET
MIAMI FL 33150**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 further willing to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation (Trustee or authorized officer)

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

12.	NAME	STREET ADDRESS	CITY, ST, ZIP	13.	NAME	STREET ADDRESS	CITY, ST, ZIP
1	PSTD NICHOLSON, ANDRE	1137 NORTH WEST 99TH STREET	MIAMI FL 33150	1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	NAME	STREET ADDRESS	CITY, ST, ZIP	14.	NAME	STREET ADDRESS	CITY, ST, ZIP
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			

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: *Andre Nicholson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

(305) 696-2202
Telephone #

CR2E034 (12/95)