## 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

DOCUMENT # P95000072365 (6)

1. Corporation Name

Corporation Name		 		_	_	1-
THE OWN BANTING	0000					

TWO G	BUYS PAINTING, CORF	<b>)</b> .							
Principal Place	of Business	Mailing Address					EBIN BRIN (88) (8		# 01101 8111 1501
999 N.E. 107 NORTH MIAM		999 N.E. 107 STRE North Miami Fl	_						
					į	3. Date Incorporated or Qualified 09/19/1995	3a. Date of La	ast R	eport
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number		[ ]	Applied For
21		26				65-0610985		ــــــــــــــــــــــــــــــــــــــ	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired	1 1 7 7		Additional
City & State	***************************************	City & State				6. Election Campaign Financing			Required
23		28				Trust Fund Contribution			<b>0</b> May Be d to Fees
Zp	Country	Zip	Count	ry		This corporation has liability for intangible tax under			··
24	25	29	30			Florida Statutes 🔀 Yes	□No		•
	9. Name and Address of C	Current Registered Agent		<u> </u>		10. Name and Address of New R	egistered Agen	t	
			8	וי	Name				
	JEZ, RODOLFO		8:	2	Street Address	s (P.O. Box Number is Not Acceptab	le)		
	107 STREET		8	<u>-</u>					
NORTH	MIAMI FL 33161								
			8	4	City		FL 85	Ziţ	o Code
or registere	eo agent, or both, in the State o	7.0502 and £07.1508, Florida Sta f Florida. Such change was auth , Section 607.0505, Florida Stati	orized by the cor	-J. por	amed corporati ration's board	ion submits this statement for the pur of directors. I hereby accept the appo	nose of changing	its r tered	egistered office agent. I am
SIGNATURE									
· · · · · · · · · · · · · · · · · · ·	Signaturu, typed or printed name of registers		(NOTE: Registered Ag	ent s	signature required w	C	DATE		
12.	PTD	RS AND DIFFECTORS  DELETE	13.		T	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRE		
NAME	RODRIGUEZ, RODOLFO		1. TRITEG					nige	Addition
STREET ADDRESS	999 N.E. 107 STREET		1.3 STRE		DRDESS				
CITY-S1-ZIP	NORTH MIAMI FL 33161	1	1.4 CHTY						
TITLE	VSD	DELETE	2. 1 THU		2.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[ ] Cha	ange	Addition
NAME	RODRIGUEZ, JUAN A		2.2 NAME					•	
STREET ADDRESS	999 N.E. 107 STREET		2 3 S1RE	E F AI	DDRESS				
CITY - ST - ZIP	NORTH MIAMI FL 33161		2.4 CITY-	- 51 -	- ZIP				
TITLE		DELETE	3 1 111118				Cha	ange	☐ Addition
NAME			3.2 NAME	-					
STREE1 ADDRESS			33 STRE	ET A	ADDRESS				
CITY-ST-ZIP			3.4 CiTY-		- ZIP				-
TITLE		DELETE	4 1 TITLE				Cha	inge	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE		ŀ				
CITY-ST-ZIP TITLE		[] DELETE	4.4 CITY-		ZIP				C) Addition
NAME		Dottett	5 1 11116				Cha	ผเกิด	Addition
STREET ADDRESS			5.3 STREE		Dubecce				
CITY-ST-ZIP									
TITLE		[1] DELETE	5 4 CITY - 6 1 TITLE		. Tit.		Cha	inge	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE		DDRESS				
CHTY-ST-ZIP			6.4 CITY -	-12	ŽIF				
14. I do hereby certify that	certify that the information sup the information indicated on this	plied with this filing is voluntarily s annual report or supplemental :	furnished and do	es i	not qualify for t	the exemption stated in Section 119.0 and that my signature shall have the	07(3)(k), Florida S same legal effect	statut	es. I further 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 atlachment with an address.

SIGNATURE:(2)

GHING OFFICER OR DIRECTOR

5/4/46 (305)8921672