

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000072840 (8)

1. Corporation Name

MONTEREY PAINTING SERVICES, INC.



Principal Place of Business

Mailing Address

7633 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

7633 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 4699 N FEDERAL

2a. Mailing Address

26 4699 N FEDERAL

22 Suite, Apt. #, etc.

22 103 A

27 Suite, Apt. #, etc.

27 103 A

23 City & State

23 POMPANO BEACH FL

28 City & State

28 POMPANO BEACH FL

24 Zip

24 33064

25 Country

25 USA

29 Zip

29 33064

30 Country

30 USA

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

MALDONADO, MIGUEL
7633 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME MALDONADO, MIGUEL
STREET ADDRESS 7633 TAM O'SHANTER BLVD.
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D DELETE

NAME MALDONADO, JULIO
STREET ADDRESS 7633 TAM O'SHANTER BLVD.
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D DELETE

NAME TORRES, ROBERTO
STREET ADDRESS 4699 N. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D DELETE

NAME MALDONADO, OCTAVIO
STREET ADDRESS 7633 TAM O'SHANTER BLVD.
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D 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

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***225.00

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

6-12-96

946 6736

05 7/13/96

CR2E034 (3/96)