FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000089567 (8) **DOCUMENT #** 1. Corporation Name MONTOYA'S TEXTURES & PAINT APPLICATIONS, INC. Mailing Address Principal Place of Business 11265 SW 155TH LANE 11265 SW 155TH LANE **MIAMI FL 33157** MIAMI FL 33157 3a. Date of Last Report 3. Date Incorporated or Qualified 11/20/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite Ant #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has fiability for intangible tax under s. 199.032, Country $Z_{(0)}$ Florida Statutes Yes No

10. Name and Address of New Registered Agent 30 29 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MONTOYA, RAFAEL A 82 11265 SW 155TH LANE 83 **MIAMI FL 33157** Zip Code 85 84 City 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 bload of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change T DELETE 1 1 THELE THLE RAFAEL A. MONTOYA 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4.001Y+ST-ZIP MIANH, CITY-ST-7IP ☐ Change DELETE 2 1 TiTLE TITLE IRMA MONTOYA 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CHY - SI - ZIP City-ST-ZIP Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - \$1-78° CITY-ST-ZIP Addition DELETE 4 1 THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP C)TY - ST - Z)P Change Addition DELETE 5 1 TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-S1-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6 1 Tiffer TITLE 6.2 NAME NAME 6.3 STHEET ADDRESS STREET ADDRESS 6.4 CiTy - \$1 - 7iP CITY-ST-ZIP 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 cath, 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 attack

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