

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 # P95000094505 (1)  
1. Corporation Name

JIM & EDWIGE DECORATIVE PAINTING, INC.



Principal Place of Business

Mailing Address

C/O JIM SANCHEZ  
1601 LENOX AVE APT 10  
MIAMI BEACH FL 33139

C/O JIM SANCHEZ  
1601 LENOX AVE APT 10  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

4. FEI Number

650636091

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

SANCHEZ, EDWIGE M  
1601 LENOX AVE APT 10  
MIAMI BEACH FL 33139

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SANCHEZ, JIM	
STREET ADDRESS	1601 LENOX APT 10	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	D	DELETE
NAME	SANCHEZ, EDWIGE M	
STREET ADDRESS	301 MICHIGAN APT 3	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
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	PRESIDENT	Change	Addition
1.2 NAME	SANCHEZ, Jim		
1.3 STREET ADDRESS	1601 Lenox - Apt 10		
1.4 CITY - ST - ZIP	Miami Beach, FL 33139		
2.1 TITLE	VICE PRESIDENT, SECRETARY,	Change	Addition
2.2 NAME	TREASURER SANCHEZ, Edwige M		
2.3 STREET ADDRESS	301 Michigan - Apt 3		
2.4 CITY - ST - ZIP	Miami Beach, FL 33139		
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

80 June 96 531 60 10  
DATE

CR2E034 (3/96)