

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095970 (6)

1. Corporation Name

MANNY PAINTING, CORP.



Principal Place of Business

2379 NW 30 ST
MIAMI FL 33142

Mailing Address

2379 NW 30 ST
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 2379 NW 30 ST

26 2379 NW 30 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33142

Country

Zip

33142

Country

9. Name and Address of Current Registered Agent

DURAN, MANUEL
2379 NW 30 ST
MIAMI FL 33142

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

01-01-96

4. FEI Number

65-0631462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Manuel S. Duran

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

83

2379 NW 30 ST

84 City

Miami

FL

85 Zip Code

33142

SIGNATURE

Signature typed or printed name of registered agent and title (if any)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DURAN, MANUEL
STREET ADDRESS 2379 NW 30 ST
CITY-STATE-ZIP MIAMI FL 33142

TITLE VST ☐ DELETE
NAME PAIZ, LILIAN M
STREET ADDRESS 2379 NW 30 ST
CITY-STATE-ZIP MIAMI FL 33142

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-96

636-4532

CR2E034 (12/95)