FILE NOW: FILING FEE AFTER MAY 1 IS \$550.DO

Mailing Address 901 S.W. 104TH COURT

MIAMI FL 33174-2616

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

901 S.W. 104TH COURT MIAMI FL 33174

CITY: ST: 70E



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

3a. Date of Last Report

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P9600000611 (9)

VASQUEZ PAINTING & WATERPROOFING INC.

3. Date Incorporated or Qualified 01/03/1996 2. Principal Page of Business 2a. Mailing Address **FEI Number** Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VASQUEZ, ALFONSO VASQUEZ 901 S.W. 104TH COURT 32 Street **MIAMI FL 33174** 3 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 troth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent it am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. me of registered agent and title if applicable SIGNATURE (NOTE: Registered Agent algorature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETÉ Change Addition 1.1 TITLE THE RITA L. VASQUEZ VASQUEZ, ALFONSO 1.2 NAME 901 3.W. 104 COURT 901 S.W. 104TH COURT 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33174** CITY: \$1 - 7IE 1.4 CITY - ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE MAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS OHY SI 2. 4 CITY - ST - ZIP DELETE THEF 3.1 TITLE ☐ Change Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-\$1-70 3.4. CHY-ST-ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTy - ST - ZIP CITY- \$1, Z0 DELETE Addition THILE 5.1 TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZD 5.4 CHT - ST - 7IP DELETE Addition HILE 6.1 TITLE MAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

an attachment with an address.

ED NAME OF SIGNING OFFICER OR DIRECTOR

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 path; 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