FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007533 (8)

VILPRO PAINTING CORP.

| Principal Place | e of Business | Mailing Address | | | | | BRIL BANK IO | 81 84100 AND | # 4814 1 8 8 1 | |
|--|--|--|---------------------|---|-------------------|---|--|--------------|-----------------------|--|
| 15484 SW 110 TERRACE MIAMI FL 33196 | | 15484 SW 110 TERRACE MIAMI FL 33198-2715 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 01/24/1996 | 3a. Date | of Last Re | eport | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4 FEI Number | | Ap | plied For | |
| 21 | | 26 | | | | 65-0636962 | <u>. </u> | No | t Applicable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 | | |
| 22 | | 27 | | | | | | Fee Re | | |
| City & State | 8 | Cily & State | | | | 6. Election Campaign Financing | | \$5.00 | | |
| Zip | Country | Zip Oountry | | | | | | Added t | | |
| 24 | 25 29 30 | | | . , | | 8. This corporation has liability for interest Florida Statutes | angibie ia Yes 🔲 | | 199.032, | |
| | | Name and Address of Current Registered Agent | | | | 10. Name and Address of New Regis | | | | |
| VILLACIS, CARLOS E | | | | | Name | | | | | |
| 15484 SW 110 TERRACE | | |) e | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MIA | MI FL 33196 | | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | [8 | 33 | | | | | | |
| | | | 1 | 34 | City | | F-1 | 85 Zip (| Code | |
| 11 Purculant | to the provisions of Spations 607 0502 | and 607 1608 Etorida State | dor the she | 1 | named cor | poration submits this statement for the pur | FL mose of sl | panaina it | e racietored | |
| 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 registere 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, Fiorida Statutes. | | | | | | | | | registered | |
| | m tamillar with, and accept the obligat | ons of, Section 607.0505, F | ionda Statu | ies. | • | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and trin if applicable (NC | TE Registered | Agen | il signature requ | ired when reinstating) | DATE | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICE | | | | |
| TITLE | PD | - | | F | | | L | _ Change | L_ Addition | |
| NAME | VILLACIS, CARLOS A | | 1.2 NAM | 1.2 NAME | | | | | | |
| STREET ADDRESS | 15484 SW 110 TERRACE | | | 1.3 STREET ADDRESS | | | | | ļ | |
| CITY-ST-ZIP | MIAMI FL 33198 VD | | | 14 CRY-ST-ZIP 21 TITLE | | | г | Change | [] Addition | |
| TITLE | MILLAND CARLOS E | | 1 | 2.2 NAME | | | L | 1 Change | L.J MUUIIIUU I | |
| NAME Street Address | 15484 SW 110 TERRACE | | | | I DODGCCC | | | | | |
| CITY-ST-ZIP | MIAMI FL 33198 | | | 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP | | | | | ľ | |
| TITLE | SD | DELETE | | | - OF | | Г | Change | Addition | |
| NAME | VILLACIS, RICHARD S | · · | | | 1 | | | _ ~ | | |
| STREET ADDRESS | 15484 SW 110 TERRACE | | 3.3 STREET ADDRESS | | ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33196 | | 3.4, CITY~\$T-ZIP | | T- ZIP | | | | Ì | |
| TITLE | VD | | | 4.1 7 (1) (1) | | | | Change | Addition | |
| NAME | PROANO, SANTIAGO A | | 4. 2 NAM | Æ | Į | | | | | |
| STREET ADDRESS | 15484 SW 110 TERRACE | | 4.3 BTR | EE1 # | ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33196 | | 4.4 DITY | | - ZIP | · · · · · · · · · · · · · · · · · · · | ···- | | F1: | |
| TITLE | | DELETE | 5.1 TITL | | | | L | Change | L_ Addition | |
| NAME | | | 5.2 NAV | | | | | |] | |
| STREET ADDRESS | | | 5.3 \$TREE1 ADDRESS | | ľ | | | | | |
| CITY-ST-ZIP | | | | Y-S1-7IP | | | | Change | Addition | |
| TITLE | | | 6.1 THE | Ĩ | | | <u></u> | л снапав | □1 wagitibit | |
| NAME | | | 1 | 6.2 NAME 6.3 STREET ADDRESS | | | | |] | |
| STREET ADDRESS | ! | | 6.3 \$TR | Lt I A | RUDRESS | | | | i | |

6.4 (IIY-S1-2/P

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 information indicated on this annual report or applicmental 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 of the receiver or truetice 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 any attachment with an address.