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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026545 (9)

WE FIT IN PAINTING CONTRACTORS, INC.

FILED
Jun 04 1997 8:00am
Secretary of State



MAAM FL 83189			10360 SW 212 STREET #204 MIAMI FL 33189-3088						
:							3. Date Incorporated or Qualified 03/26/1996	3a. Date of Last	Report
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
21							65-0627/85 Not Applicable		
I Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	Additional
22		27		. 			of Berninedia of Blanco Bosinos	Fee	Required
City & State	9	<u> </u>	City & State				6. Election Campaign Financing		O May Be
23		28					Trust Fund Contribution		d to Fees
Zip	Country Zip Cou			ıntry		This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No			
24	9, Name and Address of Curre	nt Regie	tered Agent	30	1		Florida Statutes 10. Name and Address of New Re		
OLA	VERA, ULISES R	iii negis	torou Agoint		81	Name	10. Hambana radioos of flow the	giotoros regorn	
	60 SW 212 STREET #204								
MIAMI FL 33189			82 Street Add			Street Addre	ress (P.O. Box Number is Not Acceptable)		
i idio	MI FE 00 108				83				
	•					L			
4					84	City		FL 85 Zi	p Code
11. Pursuant 1	to the provisions of Sections 607.05	02 and 6	07, 1508, Florida Statute	es, the a	pove	e-named corp	oration submits this statement for the pion's board of directors. I hereby accep		its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florid	da. Such change was a	authorize	d by	/ the corporation	ion's board of directors. I hereby accep	t the appointment a	as registered
1 7	in tantinal with, and accept the cong	janona o	, 5500001 001 :0000, F10	orica Sta	iuc.	».			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOT	E: Registere	d Age	ent signature require	ed when reinstating)	DATE	
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	PRESIDENT		☐ DELETE	1.1 11	TLE			☐ Change	Addition
NAME	ULISES R. OLIVE			1.2 N	AME				
STREET ADDRESS	6512 SALINE ST.			1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	TAMPA, FL 3363	34ı		-		ST-ZIP			1 2 4 4 7 7 2 1
TITLE	VICE PRESIDENT		☐ DELETE	2.1 T				☐ Change	e Addition
NAME	MIRIAN RIVERA			2.2 N					
STREET ADDRESS	10360 S.W. 212	ST 🛊	%204			ADDRESS			
CITY-ST-ZIP	MIAMI, FL 3318	39	DELETE			S1-ZIP		Change	e Addition
TITLE			□ been	3.1 TO				Onange	, LINGINGII
NAME DIDECT ADDRESS				3.2 N		ADDRESS			
STREET ADDRESS						ST-ZIP			
CITY-ST-ZIP			DELETE	3.4. L 4.1 Ti		21-71L		Change	Addition
NAME				4.21					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						ST-21P			
TITLE			DELETE	5.1 TI				Change	Addition
NAME				5.2 N					
STREET ADDRESS				5.3 S	TREET	ADDRESS			
CITY-ST-ZIP						ST - ZIP			
TITLE			DELETE	6.1 1				☐ Changi	e Addition
NAME				6.2 N	AME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				64 C	(TY-S	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 information indicated on this annual report or supplemental arguel 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 of vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or of an attachment with an address.

5/1/97

200-945-7790