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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P96000026787 (7)

FILED Mar 24 1997 8:00am Secretary of State

1. Corporation Plane FAT ALBERT PAINTING, CORP. Prencipal Plane of Scraness. Mailing Address 3721 S.W. 45TH AVENUE HOLLYWOOD FL 33023 Mailing Address HOLLYWOOD FL					
			3. Date incorporated or Qualifie 03/26/1996	ed 3a. Date o	Last Report
2. Principal Place of Business	2a. Mailing Address	······································	4. FEI Number		Applied For
	26		65-06547	70	Not Applicabl
Side, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State:	City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ž(ρ Cosintry 4 25	Z ₁ p	Country 30	8. This corporation has liability in Florida Statutes	· · · · · · · · · · · · · · · · · · ·	under s 199 032,
9. Name and Address of C	· · · · · · · · · · · · · · · · · · ·	30	10. Name and Address of New		Annual Control of the
ROJAS, ADALBERTO		81 Name			
3721 S.W. 45TH AVENUE		82 Street A	Address (P.O. Box Number is Not Accep	otable)	
HOLLYWOOD FL 33023					
		83			
		84 City		B= 8	Zip Code
The Character State Commence of Commence Commence	17.0010 and 007.1600 Flands Clat.	tton the above served	expection automite this statement for the	FL °	Laine ite coninteces
office or registere a agost a both, in the agent I am Land a tageept the	State of Florida, Such change was obligations of, Section 607 0505, F.	s authorized by the corp- lorida Statutes.	poration's board of directors. I hereby ac	cept the appointr	nent as registered
SIGNATURE		s authorized by the corporation of a Statutes. The Registered Agent signature in 13.		DATE	
SIGNATURE A PERSONAL OFFICE OF HOLD OF PARTY OF THE PARTY	and as considerapping a (NC	DL Registered Agent signature r	required when reinstating)	DATE FICERS AND DIF	
SIGNATURE P ROJAS, ADALBERTO	AND DIRECTORS	TE Registered Agent signature in 13.	required when reinstating)	DATE FICERS AND DIF	ECTORS IN 12
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4. Colledesy earthy that the Information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information add afted 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 ooth; that have an officer or director of the corporation of the corporation of the corporation of 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 for all or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132594