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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DÉPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049714 (4)

BOND PAINT & CHEMICAL MFG. CORP.

## **FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T 1001-1001 110 10110 BILLIO B		
118 NORTHWEST 5 STREET 118 NORTHWEST 5 STREET							
FORT LAUDE	RDALE FL 33301-3212	FORT LAUDERDALE FL 33301-3212				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a, Mailing Addre	000			06/11/1996 4. FEI Number CC-06/4/659 Applied For	
21	add of Bosiness	26	,,,,			4. FEI Number  APPLIED FOR  6.5-06/4652  Applied For  Not Applicable	
Suite, Apt:	#. elc.	Suite, Apt. #,	etc.			\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	.0	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	<b></b>	ountry	•	8. This corporation owes or has paid the current year Intangible	
24	25	[29]	30			Personal Property Tax due June 30. Yes No	
484	9, Name and Address of Curren	ii Hegisterea Agent		81	Name	10, Name and Address of New Registered Agent	
	IERILAWYER CHARTERED 3 ALMERIA AVENUE			Ľ.	Mairie		
	DRAL GABLES FL 33134			82	Street Ac	dress (P.O. Box Number is Not Acceptable)	
	MAL GABLES FL 33134			83			
				84	City	FL 85 Zip Code	
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 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, Florida Statutes.							
SIGNATURE Signature types or proted have of required apent and the diappointable (NOTE: Registered Agent signature required when reinstating) DATE							
12,	OFFICERS AND		1:		A SIGNALO C TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DE		TITLE		Change Addition	
NAME	LLJIN, JURIY A		1.2	NAME			
STREET ADDRESS	118 NORTHWEST 5 STREET		1.3	3 STREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY - S	1-21P		
TITLE	STD	☐ DE	.ETE 2.1	TITLE	j	Change Addition	
NAME	YAROSH, VLADIMIR L		2.2	NAME			
STREET ADDRESS	118 NORTHWEST 5 STREET		2.3	STREET	ADDRESS	,	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			4 CITY - S	ST-ZIP		
TITLE		DFI		TITLE		Change Addition	
NAME CYPEET ADDRESS				NAME	4000E00		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DEI		3 4. CITY-ST-ZIP E 4.1 TITLE		☐ Change ☐ Addition	
NAME		F 00		2 NAME	1	C stands C vocation	
STREET ADDRESS					AODRESS		
CITY-ST-ZIP	`			I CITY-S			
TITLE		☐ DE	A-11-1	TITLE		☐ Change ☐ Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.8	STREET	ADDRESS		
CITY-ST-ZIP			5.4	CITY-S	T-ZIP		
TITLE		DE:	C	TITLE		☐ Change ☐ Addition	
NAME			6.2	NAME .			
STREET ADDRESS	•		6.3	STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4	CITY-S	T- <b>Z</b> IP		
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I 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 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

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