

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

FILED

**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051618 (2)

1. Corporation Name
ALLCOAST APPLICATORS, PAINTING AND WATERPROOFING CORP.



Principal Place of Business: **17901 NE 9TH CT NORTH MIAMI BEACH FL 33162**
Mailing Address: **17901 NE 9TH CT NORTH MIAMI BEACH FL 33162-1112**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1996		3a. Date of Last Report NONE	
21. 17901 NE 9TH CT	26. 17901 NE 9TH CT		4. FEI Number 65-0677188		Applied For Not Applicable		
22. Suite, Apt. #, etc.	27. A		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
23. NORTH MIAMI BEACH FL	28. NORTH MIAMI BEACH FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
24. 33162	25. DADE	29. 33162	30. DADE	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
VENTURA, ROMILIO A JR 17901 NE 9TH CT NORTH MIAMI BEACH FL 33162				81. Name	NONE				
				82. Street Address (P.O. Box Number is Not Acceptable)					
				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: _____ DATE: **4/15/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ROMILIO VENTURA
STREET ADDRESS		1.3 STREET ADDRESS	17901 NE 9TH CT
CITY - ST - ZIP		1.4 CITY - ST - ZIP	N.M.B. FL 33162
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DAVID C. TORO
STREET ADDRESS		2.3 STREET ADDRESS	2055 N.E. 107TH ST
CITY - ST - ZIP		2.4 CITY - ST - ZIP	N.M.B. FL 33162
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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.

SIGNATURE: _____ DATE: **4/15/97**
Signature and typed or printed name of signing officer or director **Romilio Ventura President (305) 652-3028**

CR2E034 (9/96)