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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P96000054666 (8)

MIRROR I	IMAGES PAINTING, INC.						
Principal Place		Mailing Address				. 0313 1 0 1111 01310 01410 0111	I I //// II/I /
638 101ST AVE N 638 101ST AVE N NAPLES FL 34108 3203							
					3. Date Incorporated or Qualified 06/27/1996	3a. Date of Last I	Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	,	pplied For
Sulte, Apt. #, etc.		Suite Apl # ete		65-0671514	····	lot Applicable	
22	, atc.	Suile, Apl. #, etc.		5. Certificate of Status Desired		Additional lequired	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for		s. 199.032,
24	25 9, Name and Address of Current	29 Bookstored Agent	30			Yes No	
VICHO	OT, DUNYA Z	negistered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
	DIST AVE N						
	S FL 34108			2 Street Add	ddress (F.O. Box Number is Not Acceptable)		
			8	3			
			B	4 City		85 Zip	Code
- 1	10 6 007 0000			1 '			
office or re	gistered agent, or both, in the State of	and 607, 1508, Florida Statu of Florida, Such change was	authorized	ive-named corp by the corpora	poralion submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing of the appointment as	its registered s registered
agem. ran	i familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statut	es.			
SIGNATURE S	Ignature, lyped or printed name of registered agen	t and little if applicable (NC)	11 - Registered A	gent signature requi	ired when reinstahing)	DATE	
12.	DIST OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
	DUFYA Z. UECH	OT DELETE	1.1 1111.6			Change	☐ Addition
NAME PROCES ADDRESS	638 101 ST AVE A	ر	1.2 NAM				
STREET ADDRESS CITY-ST-ZIP	NAPLES, AL 3410	8		E1 ADDRESS			
TITLE	o./P	DELETE	1.4 CHY 2.1 TOLE	·		Change	Addition
NAME 6	EDBAR VICHOT		2.2 NAM	E			
	38 101 ST NE N		2.3 S1RE	ET ADDRESS	.*		,
	NACLES, PL 34/08		2. 4 CITY				
	DIVIP.	DELETE	3.1 THLE			Change	Addition
STREET ADDRESS	RICARDO VICHOT		3.2 NAM				
	NAPLES, PL 34/08		34. CITY	ET ADDRESS			
TITLE		DELETE	4 1 1ITLE			Change	Addition
NAME			4. 2 NAM	lt		·	
STREET ADDRESS			4.3 S1RE	et andress			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME STREET ADDRESS			5.2 NAM!	ET ADDRESS			
CITY-ST-ZIP			5.3 STRE 5.4 CITY				
TITLE		DELETE	6.1 TITLE		The second secon	Change	☐ Addition
NAME			6.2 NAME				

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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.3 STREET ADDRESS

FILED
May 14 1997 8:00am
Secretary of State