### 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

## DOCUMENT # P96000059826 (3)

PUPY'S PAINTING, INC.

# **FILED** Apr 22 1997 8:00am Secretary of State



Principal Prace 3048 NW 16 ST MIAMI FL 33125	Mailing Address 3048 NW 16 STREET MIAMI FL 33125-1828	REET			-				
						3. Date Incorporated or Qualified 07/17/1996	3a. Da	te of Last R	eport
2. Principal Pl	ace of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			4. FEI Number Applied			optied For ot Applicable	
Suite, Apt.	#, etc				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State	)					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zip <b>24</b>	Country 25	Z(p 29	Countr 30	у		L	Yes [	] No	. 199.032,
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Re	distered A	gent	
	ITANA, HERIBERTO JR		81	1	Name				
	NW 16 STREET II FL 33125		82			ss (P.O. Box Number is Not Acceptab	le)	<del></del>	
100 mm 1 2 00 1 m 2			83	†		And the state of t			
			84	1	City		FL	85 Zip (	Code
SIGNATURE  12. THE	Siza at respect or prateo can e of registered age OFFICERS AND		13.	jent :	signature required	ywhen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTOR Change	RS IN 12
NAME STREET ADDRESS COLY: ST. ZiJ	QUINTANA, HERIBERTO 3048 NW 16 STREET MIAMI FL 33125		1.2 NAME 1.3 STREE 1.4 CITY-	T AD	1				LL / NO.
TIPLE NAME STREET ACCORESS OFF STORE	D QUINTANA, HERIBERTO JR 440 NW 28 AVE MIAMI FL 33125	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	T AD	1			Change	Addition
DITLE NAME STREET ADDRESS		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	T AD	DORESS			☐ Change	Addition
CHY-ST-ZIP THUE NAME STREET ADDRESS:		DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	T AD	DDRESS			Change	Addition
TITLE NAME SERIET AUDITESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T AD	DORESS			Change	Addition
CHY-ST ZIP URLE NAME STREET ADDRESS CHY ST ZIP	DELETE 611 62N 63S		5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE	T AD	DDRESS			Change	Addition

Loo 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 changild, or on an attachment with an address.