

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000062277**

1. Corporation Name  
**EUROPEAN PAINTING, INC.**

Principal Place of Business

**8840 SW 68 CT  
E-3  
MIAMI FL 33157  
US**

Mailing Address

**8840 SW 68 CT  
E-3  
MIAMI FL 33157  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**KERN, JOERG T  
8840 SW 68 CT  
APT E-3  
MIAMI FL 33156**

3. Date Incorporated or Qualified

**07/25/1996**

4. FEI Number

**65-0735253**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**81** Name **Joerg Kern**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**10450 SW 199 ST.**  
**83** **Miami** **33157**  
**84** City **FL** **85** Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE** **PTD** ☐ DELETE  
**NAME** **KERN, JOERG T**  
**STREET ADDRESS** **8840 SW 68 CT APT E3**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99**

(Date)

**(305) 2383104**

Daytime Phone #

CR2E034 (1/98)

0229484

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90209 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE