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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

officer or director of the corporation or Block 12 or Block 13 if changed, or pr

CITY-ST-ZIP

CITY+ST-ZIP

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067104 (5)

ASTIN BROTHERS PAINTING, INC.

Mailing Address Principal Place of Business 7777 \$.W. 100TH STREET 7777 S.W. 100TH STREET MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0692121 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ASTIN, DAVID 7777 S.W. 100TH STREET Street Address (P.O. Box Number is Not Acceptable) **B2** MIAMI FL 33156 83 84 City 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 Founda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of a hereby accept the obliquations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition TITLE 1.1 HTLE **ASTIN, DAVID** 1.2 NAME NAME 7777 S.W. 100TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33158 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIf* CITY-ST-ZIF DELFTE 4.1 TITLE Change ___ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

617016

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

DELETE

DELFTE

14. Thereby 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 incoverage trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

___ Addition

800002531906Change

-05/21/98--01084--050

***150.00

FILED

May 19 1998 8:00am

Secretary of State