


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

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90018 037 \*\*\*158.75

0275873

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000072100					
1. Corporation Name STATEWIDE PAINTING CORPORATION					
Principal Place of Business 7231 SW 130 AVE. MIAMI FL 33183			Mailing Address 7231 SW 130 AVE. MIAMI FL 33183		
2. Principal Place of Business 21 7934 NW 66 ST Suite, Apt. #, etc. 22 MIAMI FL 33166 City & State 23 Zip 24 Country 25		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/27/1996	
4. FEI Number 65-0692032		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ALOY, RAMON 7231 SW 130 AVE. MIAMI FL 33183			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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, of 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 <u>Ramon Aloy</u> (NOTE: Registered Agent signature required when reinstating) DATE 3-16-99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PTD NAME ALOY, ANGELA L STREET ADDRESS 7231 SW 130 AVE. CITY-ST-ZIP MIAMI FL 33183			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE DS NAME ALOY, RAMON STREET ADDRESS 7231 SW 130 AVE. CITY-ST-ZIP MIAMI FL 33183			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE V NAME HERNANDEZ, JORGE STREET ADDRESS 7231 S.W. 130TH AVE. CITY-ST-ZIP MIAMI FL 33183			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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

3-16-99

Date

305-437 8001

Daytime Phone #

CR2E034 (11/98)