

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080322 (6)

1. Corporation Name
SUPERIOR TEX-COATING, INC.



Principal Place of Business
7963 NORTHWEST 14TH STREET
MIAMI FL 33126

Mailing Address
7963 NORTHWEST 14TH STREET
MIAMI FL 33126-1613

3. Date Incorporated or Qualified 09/27/1996	3a. Date of Last Report
4. FEI Number 65-0697176	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10200 SW. 144ST. Suite, Apt. #, etc.	2a. Mailing Address 26 13615 S. Dixie Hwy Suite, Apt. #, etc.
22 City & State 23 Miami, FL.	27 Suite #445 28 Miami, FL.
24 Zip 33176	29 Zip 33176

9. Name and Address of Current Registered Agent

LOTT, GEORGE J
TWO DATRAN CENTER SUITE 1701
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, or 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

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	Pres. Lorna Bryant	<input type="checkbox"/> DELETE
NAME	10200 SW. 144ST Miami, FL. 33176	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Vice President - Marlon Ramirez	<input type="checkbox"/> DELETE
NAME	20541 SW. 124 PL. Miami, FL. 33177	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Secretary Lorna Bryant	<input type="checkbox"/> DELETE
NAME	10200 SW. 144ST Miami, FL. 33176	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Treasurer Lorna Bryant	<input type="checkbox"/> DELETE
NAME	10200 SW. 144ST Miami, FL. 33176	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97 (305) 599-2700

CR2E034 (9/96)