

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

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90007 025 \*\*\*550.00

DOCUMENT # P96000083826

1. Corporation Name

O.R. PAINT DECORATION INC

Principal Place of Business

11112 S.W. 5TH STREET  
MIAMI FL 33174  
US

Mailing Address

11112 S.W. 5TH STREET  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

65-0659682

☒ 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

2. Principal Place of Business

21 1630 S.W. 71 TERRACE  
Suite, Apt. #, etc.

2a. Mailing Address

26 1630 S.W. 71 TERRACE  
Suite, Apt. #, etc.

23 City & State

Pembroke Pines, FL

28 City & State

Pembroke Pines, FL

24 Zip

33023

Country

U.S.

29 Zip

33023

Country

U.S.

9. Name and Address of Current Registered Agent

ROJAS, NELSON R  
11112 S.W. 5TH STREET  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

NELSON R. ROJAS

82 Street Address (P.O. Box Number is Not Acceptable)

1630 S.W. 71 TERRACE

83

Pembroke Pines

84 City

FL

85 Zip Code

33023

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/99

12. OFFICERS AND DIRECTORS

TITLE PVTD  
NAME ROJAS, NELSON R.  
STREET ADDRESS 11112 S.W. 5 ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVTD  
1.2 NAME ROJAS, NELSON R.  
1.3 STREET ADDRESS 1630 S.W. 71 TERRACE  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33023

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME NOELIA RAMIREZ  
2.3 STREET ADDRESS 1630 S.W. 71 TERRACE  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33023

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/99

Date

Daytime Phone #

0274806

CR2E034 (11/98)