

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

PROFIT CORPORATION ANNUAL REPORT
97-1999

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

DOCUMENT # P96000087752 (7)

1. Corporation Name
Joe's Painting & Remodeling, Inc
W99-16005

Principal Place of Business Mailing Address
10230 Martinique Dr 10505 SW 52 TR
Miami, FL 33189 Miami, FL 33165

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
Sarut, Jose Jr.
10505 SW 52 TR.
Miami, FL 33165

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 DELETE
1.6 TITLE
1.7 NAME
1.8 STREET ADDRESS
1.9 CITY-ST-ZIP
1.10 DELETE
1.11 TITLE
1.12 NAME
1.13 STREET ADDRESS
1.14 CITY-ST-ZIP
1.15 DELETE
1.16 TITLE
1.17 NAME
1.18 STREET ADDRESS
1.19 CITY-ST-ZIP
1.20 DELETE

FILED
98 AUG 11 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-99

3. Date Incorporated or Qualified
10/24/96
4. FEI Number
N/A
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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 DELETE
1.6 TITLE
1.7 NAME
1.8 STREET ADDRESS
1.9 CITY-ST-ZIP
1.10 DELETE
1.11 TITLE
1.12 NAME
1.13 STREET ADDRESS
1.14 CITY-ST-ZIP
1.15 DELETE
1.16 TITLE
1.17 NAME
1.18 STREET ADDRESS
1.19 CITY-ST-ZIP
1.20 DELETE

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: 6-29-99 (905) 270 1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR