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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

DOCUMENT # P97000020612 (2) PIPIOLO FRESH PAINT INC. Principal Place of Business Mailing Address 8850 NW 174 LN. 6850 NW 174 LN. HIALEAH FL 33015 HIALEAH FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1997 2. Principal Place of Business 20. Mailing Address Applied For 65-0786959 1302 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & Ctate \$5.00 May Be 6. Election Campaign Financing WIAMI SPRINGS Trust Fund Contribution Added to Fees Zip Country S ^{Հւր} 3*3266* 8. This corporation owes or has paid the current year Intangible 🛭 No 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, ANGEL A **665**0 NW 174 LN. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33015 83 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 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PRESIDENT. T. 1.1 TITLE NAME ANGE / A GANCIA 1.2 NAME 6650 NW 174 LN. STREET ADDRESS 1.3 STREET ADDRESS HIBIEAH FI CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Addition ■ DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 1011 F 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.1 I hereby certify that the information supplied with this fitting 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 37 or 9 en attachment with an address.

SIGNATURE:

4/29/98.