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

PROFIT<sup>®</sup> CORPORÂTION" ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000022880

H & F PAINTING, CORP.

	•										
Principal Place	e of Business	Mailing Address	Mailing Address				- 1 :001:1001     18111   18011   00113		TIBLE INTE	/( )E E  \B	TEL OPIC JOES
16160 SW 250T	TH ST.	16160 SW 250TH ST.									
MIAMI FL 33031-1825. MIAMI FL 33031-			325				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualife		SEACI		
							3. Date incorporated or Cuality 03/07/1997	.u		<u></u>	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		-	Ann	lind For
	lace of Business	2a. Mailing Address						Applied For Not Applicable			
21		Suite, Apt. #, etc.				65-0738184		60		dditional	
Suite, Apt.	#, etc.	<u> </u>					5. Certifcate of Status Desired			ee Req	
22		27								<del></del>	
City & State	θ .	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23			[28]				Trust Fund Contribution				rees
Zip	Country	Zip	Γ1	Country	,		8. This corporation owes the cu	urrent year Int	angible Ye:		ا ا
24	25	29 30					Personal Property Tax. Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent		81	T N		10. Name and Address of New	/ Registered	Agent		
CONTALET FELIDE				181	Nar	ne					
GONZALEZ, FELIPE			82	Stre	et Address (P.O. Box Number is Not Acceptable)						
16160 SW 250TH ST.				ļ			<u>.                                    </u>				
MIAMI FL 33031-1825				83	1						
The Control of the Co				84	City	,			85	Zip Co	ode
				04	City	'		FL	.  "	<b>Lip 0</b> (	300
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida	la Statutes, t	he abov	e-nam	ned corpo	ration submits this statement for the	ne purpose of	changi	ng its re	egistered istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0	505, Florida	Statutes	5.		,			_	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					nt signat	ure required	when reinstating)	DATE	15. 515	FOTOF	20.10.40
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO C	OFFICERS AN			
TITLE	PD	□ DE	LETE	1.1 TITLE		i			□сь	ange	☐ Addition
NAME	GOTTE TEEL, 7 EEL E			1.2 NAME							
STREET ADORESS			1.3 STREE	TADDRI	ESS						
CITY-ST-ZIP	MIAMI FL 33031-1825			1.4 CITY-S	T-ZIP						
TITLÉ	STD DELETE 2.1		2.1 TITLE	.1 TITLE				Ch	ange	☐ Addition	
NAME	GONZALEZ, HILDA			2.2 NAME							
STREET ADDRESS	16160 SW 250TH ST. 23			2.3 STREET ADDRESS		ESS					
CITY-ST-ZIP	ANIAM DI AAAA AAA			2. 4 CITY-5	ST-ZIP						
TITLE				3.1 TITLE		[			Ch	ange	Addition
NAME				3.2 NAME		ļ					
STREET ADDRESS			ſ	3.3 STREE	T ADDRS	ESS					
CITY-ST-ZIP				3.4. CITY-S							
TITLE	<u>.                                    </u>			4.1 TITLE	71-2Jr		· · ·		☐ Ch	ange	Addition
NAME				4. 2 NAME		-				-	
INFINE				THE PERSON NAMED IN		1					

6.4 CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

Change

Change

☐ Addition

☐ Addition