

FILED
Mar 09, 1999 8:00 am
Secretary of State

00.00150***29126096691-60-03


is not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
9. Name and Address of Current Registered Agent
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
MIAMI FL 33015 8001 NW 172 ST CALDERIN, HECTOR
26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
1896 NW 57 AVE. #307 MIAMI, FLORIDA U.S.A.
3. Date Incorporated or Qualified 05/06/1997
4. FEI Number 65-0749812
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Name and Address of New Registered Agent
DO NOT WRITE IN THIS SPACE

1. Corporation Name HECTOR PAINTING, CORP. DOCUMENT # P97000040101 1999	PRINCIPAL PLACE OF BUSINESS 8001 NW 172 ST MIAMI FL 33015	MAILING ADDRESS 8001 NW 172 ST MIAMI FL 33015
PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00		

CR2E034 (11/98)



DOCUMENT - 2

