PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700044288

1. Corporation Name

NOVEAUX ART PAINT CO., INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90185 038 ***150.00



Principal Place	e of Business	Mailing Address			ļļ
3438 S.W. 22ND		3438 S.W. 22ND TERRACE		·	
MIAMI FL 33145		MIAMI FL 33145		DO NOT IMPITE IN TUIC CDACE	
				DO NOT WRITE IN THIS SPACE	-,
				3. Date Incorporated or Qualified 05/19/1997	į
2 D-111 0		2a. Mailing Address		4. FEI Number Applied For	-
	ace of Business SiU 64th AVE.	—	4th AVE.	65-0770018 Not Applicable	le l
Suite, Apt.	<u> </u>	26 141 5W 6 Suite, Apt. #, etc.	TIV AVC.	\$8.75 Additional	$\overline{}$
22	, 0.0.	27		5. Certificate of Status Desired Fee Required	ļ
City & State	9	City & State		6. Election Campaign Financing S5.00 May Be	\exists
23 MIA	MI, FL	28 M(AM(,	F-L	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24 3314		29 33144 30	USA	Personal Property Tax. Yes ZNo	4
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	\dashv
SALA	AZAR, ENRIQUE		81 Name	ENRIQUE J. Salazar	
	SW 22ND TERRACE	•	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	AI FL 33145		83 1 11	() h.r.	\dashv
IVIO	MITE 30143		" 7	FI SW. 64 th AVE	
			84 City	MIAMI FL 85 Zip Code 33144	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	proporation submits this statement for the purpose of changing its registered	П
office or re	egistered agent, or both, in the State of	Florida, Such change was authors of Section 607 0505, Florida	orized by the corpor	ration's board of directors. I hereby accept the appointment as registered	
	m familiar with, and accept the obligation	Mis of Machion 007.0303, Florida	a diatotes.	03-01-99	
SIGNATURE	Signature, typed or printed name invalstered agent	and title if applicable. (NOTE: Re-	gistered Agent signature req		
SIGNATURE	Signature, typed or etipled name in mastered agent	DIRECTORS	13.	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion
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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.

*(305) 308-26*52