

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16 1998 8:00am
Secretary of State

DOCUMENT # P97000059835 (3)
1. Corporation Name
BEST PAINT INC

Principal Place of Business

2550 W 60 PLACE
NO. 105
HIALEAH FL 33016

Mailing Address

2550 W 60 PLACE
NO. 105
HIALEAH FL 33016

3. Date Incorporated or Qualified

07/09/1997

4. FET Number

65-0768168

Applied For
Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

2. City & State

23. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

RIVERA, FRANCISCO L
2550 W 60 PLACE
NO. 105
HIALEAH FL 33016

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.1101, 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 of person or persons authorized to change agent and office, if applicable

Signature of Registered Agent (signature required when agent is filing)

Date

12. OFFICERS AND DIRECTORS

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME
D
RIVERA, FRANCISCO L
STREET ADDRESS
2550 W 60 PLACE NO. 105
CITY, ST, ZIP
HIALEAH FL 33016

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME
V.P.
ISABEL HERNANDEZ
STREET ADDRESS
2550 W. 60 PL #105
CITY, ST, ZIP
HIALEAH FL 33016

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME
V.P.
JORGE MOCEDA
STREET ADDRESS
2550 W. 60 PL #105
CITY, ST, ZIP
HIALEAH FL 33016

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME
T
FERNANDO RIVERA
STREET ADDRESS
2550 W. 60 PL #105
CITY, ST, ZIP
HIALEAH FL 33016

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE ☐ OFFICER ☐ DIRECTOR

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

11. TITLE ☐ Change ☐ Addition

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11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on a subsequent filing with an addition.

SIGNATURE

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