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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham p

Secretary of State
DIVISION OF CORPORATIONS

1998

MENT # P97000081411 (5)

AMAZON PAINTING AND SERVICES, INC.

FILED
May 28 1998 8:00am
Secretary of State

AMAZON PAINTING AND SERVICES, INC.					
Principal Place of Business		Mailing Address			3:20 sigts #1867 statt 1461 (66)
9401 NW 26TH PL		9401 NW 26TH PL			
SUNRISE FL 33322		SUNRISE FL 33322		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/18/1997	
~ ~ / ~	lace of Business	2a. Mailing Address	70 TH 01	4. FEI Number / DON 70	Applied For
21 440	<u>NW 26 "16</u>	26 4401 NW	26 Th	61,00077	Not Applicable
Suite, Apt.	#, 6 1C.	State, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 SU	NRISE FL	28 SUNKISI		Trust Fund Contribution	Added to Fees
^Z 29 > \$	DO GOUNTY LICA	クランココ	Country/1CA	8. This corporation owes or has paid the o	
24 223	22 25 USA	29 3322 30	034	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OPPEN ECONANDO 81 Name					
ONDERN, FERRINANDO					
SUNRISE FL 33322			82 Street Addre	Idress (P.O. Box Number is Not Acceptable)	
			83		
•			84 City		7-000
			1 1 - 3	F	L 85 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 14th of 15th of					
agent. Lam familiar with, and accept the unligatives of Section 607.0505, Florida Statutes.					
SIGNATURE Signature, Gurd or perflict diame of the lifting agent and the if applicable (NOTE: Registered Agent signature required when reinstalling) DAV					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1.TITLE		Change Addition
NAME	Orden, Fernando		1,2 NAME		[
STREET ADDRESS	9401 NW 26TH PL		1.3 STREET ADDRESS		{
CITY-ST-ZIP	SUNRISE FL 33322		1.4 CITY-ST-ZIP		
TITLE	D SERVICOS SERVIO	DELETE	2.1 1111E		Change Addition
NAME	Liberatore, Sergio 9401 NW 26TH PL		2.2 NAME		
STREET ADDRESS	SUNRISE FL 33322		2.3 STREET ADDRESS 2.4 City-St-Zip		
CITY-ST-ZIP TITLE	OGITINOL 1 L OUGEE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHTY-ST-ZIP		
TITLE		DELETE	41 Inct		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		1551 CTC	4.4 CITY-S1-ZIP		Choose Addition
TITLE		L_J DELETE	51 TITLE		Change Addition
NAME Street address			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an					
officer or director of the corporation of 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 allact					