## 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

## DOCUMENT # P97000092557 (2)

LEMFA WATERPROOF PAINTING, INC.

## FILED May 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4522 SW 74 AVE 4522 SW 74 AVE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 27 Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country ΖID This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANAYA. LEONARD E 4522 SW 74 AVE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33155 83 R4 Zip Code City 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 toth, 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, typed or pointed nonle of registered agent and title it apply ably. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PVST DELETE Change Addition TITLE 1.1 TITLE ANAYA, LEONARDO NAME 1.2 NAME 4522 SW 74 AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ANAYA, LEONARDO 2.2 NAME NAME 4522 SW 74 AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 3111.6 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY- S1 - ZIP CITY-ST-ZIP Change DELETE ■ Addition TITLE 5 1 1HLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZIP DELETE Change Addition TITLE 6.1 TALE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-7IP CITY - ST- ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 in changed, or on an attrictional with an address.

RIGNATURE LA ALLA PRESENTA

Alx1/18/98 (305) 21.7-3029