

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90123 029 ***158.75

DOCUMENT # P98000033583

1. Corporation Name
ASHLEY PAINT, CORP

Principal Place of Business

9580 SW 1ST STREET
MIAMI FL 33174

Mailing Address

9580 SW 1ST STREET
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

05-0837090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 620 N.W. 22 Ave.

2a. Mailing Address

26 620 N.W. 22 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # A

27 A

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33125 25 Miami Dade

29 33125 30 Miami Dade

9. Name and Address of Current Registered Agent

LLUVERES, CARMEN M
9580 SW 1ST STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

Milagros A. GUERRERO

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

620 N.W. 22 Ave.

83

84 City

Miami

FL

85 Zip Code

33125

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Milagros A. GUERRERO 1/8/99

12. OFFICERS AND DIRECTORS

TITLE D.P.
NAME MILAGROS A. GUERRERO
STREET ADDRESS 620 N.W. 22 Ave
CITY-ST-ZIP Miami, FL 33125

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.
1.2 NAME MILAGROS A. GUERRERO
1.3 STREET ADDRESS 620 NW 22 Ave.
1.4 CITY-ST-ZIP MIAMI, FL 33125

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

Milagros A. GUERRERO

1/8/99

(305) 431-6175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0250772