

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90262 038 ***150.00

DOCUMENT # P98000051923

1. Corporation Name

SURFACE PREPARATION OF FLORIDA CORP.

Principal Place of Business

6917 SW 115 PLACE
UNIT H
MIAMI FL 33173

Mailing Address

6917 SW 115 PLACE
UNIT H
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

65-0845375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12218 SW 131 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33186

25

USA

2a. Mailing Address

26 P.O. Box 831975

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33283-1975

30

Country

9. Name and Address of Current Registered Agent

RUIZ, ADRIANA M
6917 SW 115 PLACE
UNIT H
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

RUIZ OSKAR M.

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

6917 SW 115 PLACE

83

UNIT H

84 City

MIAMI

FL

85 Zip Code

33173

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

4.1.99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME RUIZ, OSKAR M
STREET ADDRESS 6917 SW 115 PLACE
CITY-ST-ZIP MIAMI FL 33173

TITLE TD ☐ DELETE
NAME RUIZ, BLANA I
STREET ADDRESS 6917 SW 115 PLACE
CITY-ST-ZIP MIAMI FL 33173

TITLE SD ☒ DELETE
NAME MENDEZ, JAIRO
STREET ADDRESS 2110 SW 3RD AVE. APT. 5C
CITY-ST-ZIP MIAMI FL 33129

TITLE VPD ☒ DELETE
NAME MENDEZ, OSCAR A
STREET ADDRESS 6917 SW 115 PL. UNIT H
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME RUIZ OSKAR M.
1.3 STREET ADDRESS 6917 SW 115 PLACE UNIT H
1.4 CITY-ST-ZIP MIAMI FL 33173

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME RUIZ BLANCA I.
2.3 STREET ADDRESS 6917 SW 115 PLACE UNIT H
2.4 CITY-ST-ZIP MIAMI FL. 33173

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.1.99

305 274-5731

CR2E034 (1/98)

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