**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000080123

1. Corporation Name PAINTEX, CORP.

Principal Flace of Business

Mailing Address

04-29-1999 90027 001 \*\*\*158.75

FILED

Apr 29, 1999 8:00 am Secretary of State

15366 SW 42 LANE 15366 SW 42 LANE MIAMI FL 33185 MIAMI FL 33185 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/11/1998 2a. Mailing Address Principal Place of Business 4. FEI Number Applied For 65-0861331 26 Not Applicable Suity, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes the current year intangible Persor al Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MONTENEGRO, CARLOS A Street Acdress (P.O. Box Number is Not Acceptable) 15366 SW 42 LANE MIAMI FL 33185 83 84 85 Zip Code City

11. Pursuant to the provisions of Scittons 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of circutors. 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 (NOTI :: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition PD TITLE NAME MONTENEGRO, CARLOS A 1.2 NAME STREET ADDRESS 15366 SW 42 LANE 1.3 STREET ADDRESS **MIAMI FL 33185** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE Change TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 a inual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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.

FO NAME OF SIGNING OFFICER OF DIRECTOR 

CR2E034 (11/98)