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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05220 S05220

1. Corporation Name
L. & F. PAINTING CENTER INC

Principal Place of Business
15833 S.W. 79 ST
MIAMI FL 33193

Mailing Address
- SAME -

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/22/92
3a. Date of Last Report: 5/1995
4. FEI Number: 65-0326415
Applied For / Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has/have elected to be taxed as an "S" corporation under the Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ADRIAN, FORGE L
15833 S.W. 79 ST
MIAMI FL 33193

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (FL)
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D ADRIAN, FORGE L. 15833 SW 79ST MIAMI FL 33193 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP [ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/D ADRIAN, LUIS 15705 S.W. 76 TERRACE MIAMI FL 33193 [ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP [ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP [ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP [ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP [ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP [ ] Change [ ] Add

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Luis Adrian 04/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRESIDENT

OS 5/1/96

CR2E034 (12/95)