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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S05220

(6)

L & J PAINTING CENTER, INC.									
nclpal Place of Business	Mailing Address								

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			I TODIKETË LIL BEIEL BILIS 11610 KIËKI BETI ELEKI BIEK ËTOLI AZDIK ËSHIK KREK						
15833 S.W. 79TH STREET		15833 S.W. 79TH STREET MIAMI FL 33103-2919							
						3. Date Incorporated or Qualified 10/11/1990		te of Last 01/1996	
2. Principal Place of Business 2a. Mailing Address 26					4. FEI Number 65-0346415			Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Country 25	Zip 29	C ou	intry		8. This corporation has liability for in Florida Statutes	. ~ -	tax under	rs. 199.032,
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Reg	istered /	Agent	
ADF	RIAN, JORGE L.			81	Name				
15833 S.W. 79TH STREET MIAMI FL 33193		İ	82	Street Addi	ress (P.O. Box Number is Not Acceptable)				
			Ì	83					
				84	City		FL	85 Zi	p Code
agent. I a SIGNATURE	am familiar with, and accept the obligation of t	ations of, Section 607.0505, FI	orida Stat	lutes.		tion's board of directors. I hereby acception's board of directors. I hereby acception acceptance acception acceptance acception acception acceptance acception acceptance acceptan	DATE		
TITLE	PD	DELETE	1.1 10	TLE				☐ Chang	e Addition
NAME	ADRIAN, JORGE L.		1.2 NA	AME					
STREET ADDRESS	15833 S.W. 79TH STREET		1.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193	<u>.</u>	1, <u>4</u> CI	1Y-\$T	- ZIP				
TITLE	SVD	☐ DELFTE	2.1 TII	TLE				☐ Chang	e [] Addition
NAME	ADRIAN, LUIS		2.2 NA	AME					
STREET ADDRESS	613 S.W. 103RD COURT		1		ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33193	DELETE		HY-S1	I - ZIP			Chang	e Addilion
TITLE NAME		C) officit	3.1 Till 3.2 NA						C LT WOOMON
STREET ADDRESS	}				ADDRESS				
CITY-ST-ZIP			3 4. CI						
TITLE		DELETE	4.1 10					Chang	e [] Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	REET A	ADDRESS				
CITY-ST-ZIP				TY-ST	- ZIP				
TITLE		DELETE	5170					Chang	e Additior
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T orier	5.4 ÇI		-ZIP			Chano	e [] Addition
TITLE		DELETE	6.1 717					□ ∩usuð	e [] Abbilior
NAME	1		62 NA		1000100				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	l de la	The State Character and a series of	■ 6.4 ÇI	IY-SI	· 1/P	d in Castian 110 07(0)(i) Florido Ctat dos	16 45-5-		-1.11

I no nereuly 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.