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**

DOCUMENT # \$43615

1. Corporation Name

H & A PAINTING INC

·	
Principal Place of Business	Mailing Address
1280 W 60 TERRACE	1280 W 60 TERRACE
HIALEAH FL 33012	HIALEAH FL 33012
1	· ·

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90021 025 ***150.00

naar	Anting, no					
Principal Place	of Business	Mailing Address				
•		1280 W 60 TERRACE				
1280 W 60 TER HIALEAH FL 33	5 4	HIALEAH FL 33012				
1111122111110	V.F					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 04/08/1991
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0254192 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			_		\$8.75 Additional
22 27			-			5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28			_	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	,
	EIDA, REBECCA C			82	Ctroot	t Address (P.O. Box Number is Not Acceptable)
	WEST 20 AVE			04	Sireet	Address (P.O. Box Number is not Acceptable)
SUIT	E 222			83		
HIAL	EAH FL 33016			Ш		
				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the obligi	e of Florida. Such change was a	uthorize	J bv	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·		i Agen	t signature n	required when reinstating) DATE OPERATOR OF THE PROPERTY OF
12.	OFFICERS AI	ND DIRECTORS ☐ DELETE	13.		_	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	ALMEIDA HOOTENEIA	D DELETE	1,1 70			Collarge Character
NAME	ALMEIDA, HORTENSIA		1.2 N			
STREET ADDRESS	1280 W 60TH TERR		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		_	1.4 CITY-ST-ZIP		TO STATE
TITLE	V	□ DELETE	2.1 TI	TLE		Change Addition
NAME	ALMEIDA, HORTENSIA		2.2 N	AME	ļ	
STREET ADDRESS	1280 W. 60 TERR.		2.3 5	TREET	ADDRESS	
CITY-ST-ZIP	HIALEAH FL-		2.40	ITY-S	T-ZIP	7 7 7 7 7 7 7 7
TITLE	<u>V</u>	☐ DELETE	. 3.1 π	TLE	į	Change Addition
NAME	FERERADAS, ALEX		3.2 N	AME		
STREET ADDRESS	1280 W 60TH TERR		3.3 S	TREET	ADDRESS	5
CITY-ST-ZIP	HIALEAH FL 33012		3.4. 0	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TI	7LE		Change Addition
NAME	•		4.2 N	AME		
STREET ADDRESS			4.3 5	TREET	ADDRESS	6
CITY-ST-ZIP	·		4.4 C	TY-ST	r-ZIP	
TITLE		☐ DELETE	5.1 11			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	5
CITY-ST-ZIP	· · ·			ITY-SI	r-zip	
TITLE		☐ DELETE	6.1 T	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	6 ·
CITY-ST-ZIP	•		6.4 C	TY-ST	r-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.