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

Block 12 or Block 13 if changed,

PROFIT Sep 09 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S54837 (7) R. D. G. PAINTING CORP. Principal Place of Business Mailing Address 11005 SW 77 AVE 11005 SW 77 AVE MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1991 2. Principal Place of Business 2a. Mailing Address FE1 Number Applied For 65-0342274 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo GOMEZ, ROGELIO D. 11005 SW 77 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** B3 84 City 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 Signature, type a or a mited harm of registers diagent and little if applicable (NOTE_Registered Agent's gnature required when reinstaling) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HILE DELETE 1.1 101.6 Change Addition **GOMEZ, ROGELIO** NAME 1.2 NAME 11005 SW 77 AVE STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33156 CHY-ST-ZIP 1.4 C(1) Y - \$1 - ZIP DELETE TITLE ☐ Change 21 THLE Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CHY-SI-ZIP 2 4 CITY - ST- ZIP DELETE THEF 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-SI-ZIP 3 4. CiTY - ST - ZiP THLE DOLLETE Change 4.1 THEE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$T - ZIP CI!Y-\$1-7IP DELETE THEF 5.1 111 LF Change Addition NAME 5.2 NAMI STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DETETE TITLE 6.1 11111 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - ST - ZIP 14. Thereby 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 oally, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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