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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90107 018 ***150.00

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1. Corporation Name

R. D. G. PAINTING CORP.

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Principal Pla	ce of Business	Mailing Address			. s induinia idi ditti diabi idiad lisii	4891 B1831 B1811 B1811 B1	BIT BYBYL BIBIT 1981	
11005 SW 77 AVE 11005 SW 77 AVE MIAMI FL 33156 MIAMI FL 33156								
					DO NOT WRITE	IN THIS SPACE		
	····				3. Date Incorporated or Qualifed 05/20/1991			
Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	7	
21 26		26			65-0342274	. 1-1	Not Applicable	1
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			E Carliforda di Dividi Di	\$8.75	5 Additional	1
22		27			5. Certifcate of Status Desired		Required	
City & Sta	t e	City & State			6. Election Campaign Financing	\$5.0	O May Be	٦
23		28			Trust Fund Contribution		d to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible				
24 25		29	30		Personal Property Tax. Yes No			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent		1
GO	MEZ, ROGELIO D.			B1 Name				
	05 SW 77 AVE		1	82 Street Address (P.O. Box Number is Not Acceptable)				-
	MI FL 33156							ſ
	, _ 55.155		1	33				1
			1	34 City	· · · · · · · · · · · · · · · · · · ·	, A= 75	- 0-4-	_
			[p Code	İ
office or r agent. I a	to the provisions of Sections 607, registered agent, or both, in the St im familiar with, and accept the ob-	0502 and 607.1508, Florida Statu ate of Florida. Such change was ខ ligations of, Section 607.0505, Flo	tes, the abo authorized to orida Statut	ove-named corporations.	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing i e appointment as	ts registered registered]
SIGNATURE	Signature, typed or printed name of registered	and the Market						
12.		AND DIRECTORS	13,	gent signature require		DATE		վ ։
TITLE	DPTS	□ DÉLETE	1.1 TITLE	- 1	ADDITIONS/CHANGES TO OFFICE			{
NAME	GOMEZ, ROGELIO					☐ Change	Addition	13
STREET ADDRESS	11005 SW 77 AVE		1.2 NAMI			•		3
CITY-ST-ZIP	MIAMI FL 33156		1	ETADORESS		÷.		إ
TITLE		☐ DELETE	1.4 CITY- 2.1 TITLE					Ţģ
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CITY-ST-ZIP TITLE			5.4 CITY-1	1				!
		☐ DELETE				☐ Change	☐ Addition	
VAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				

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 of 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.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-5-59

300 669-5958