## 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

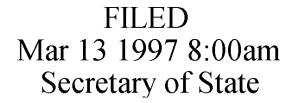
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(6)

P. S. AUTO PAINTING, INC.

-	 			

Mailing Address





Principal Place	e of Business	Mailing Address					,		
8725 N.W. 79TH 6T. MIAMI FL 33147		3725 N.W. 79TH ST. MIAMI FL 33147-4438							
						3. Date Incorporated or Qualified 08/16/1991	3a. Date of La	•	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For	
21	# 212	26				65-0279285		Not Applicable	
Suite, Apt. #, etc.		Sulle, Apt. #, etc.	Suite, Apt. #, etc.		[	5. Certificate of Status Desired		75 Additional e Required	
City & State	В	City & State	<b>├</b> ─┐			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Соµг <b>30</b>	ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	g, Name and Address of Cur				1	0. Name and Address of New Re	gistered Agent		
EVAN	VS, LAURIE P.			81 Name	5a	vo. Cataldo			
	MINORCA AVE.		H	B2 Street	Address	(P.O. Box Number is Not Acceptate	ole)		
COR	AL GABLES FL 33134			37	25	NW 79" Street	<u>.</u> †		
-			[ ]	B3					
4				84 City	<b>M</b> .	•	85	Zip Code	
44 5	to the previous of Continue COV.	ocoo and college on the day that to		-1	liam	) )	FL  °°  2	33/47	
office or f	egistere aligent, or both in the St	ate of Florida. Such change was a	is, the ab uthorized	by the <b>e</b> or	poration's	ion submits this statement for the p s board of directors. I hereby acce	of the appointmen	it as registered	
	m tambin with, the according to	oligation of Section 607.0505, Flo	rida Statu	iles.	20.4		2/10	100	
SIGNATURE	Symptore, typed or printed name of registered	ager and the r'applicable (NOTE	: Registered	Agad signature	e required wh	Wathan V	DATE		
12.	OFFICERS .	AND DIRECTORS	13.	· / · · · ·		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12	
TITLE	PSD	DELFTE	1.1 1010	. Ε			☐ Cha	nge 🔲 Addition 🗟	
NAME		esident	1.2 NA	ΜE				5	
STREET ADDRESS				1.3 STREET ADDRESS				\ <u>č</u>	
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y - ST - 2(P	ļ <u>.</u>				
TITLE	VTD	X) DELETE	2.1 1/11		V7	D <sub>M</sub>	☐ Chai	nge 🗵 Addition	
NAME	MAIORANO, SAL		2.2 NA	VE.	Frai	NR Majorana	. Vice-P	resident	
STREET ADDRESS	3725 N.W. 79TH ST			EFT ADDRESS	372	NR Majorana 5 NW 79th Street mi, FL 33/47	r		
CITY-ST-ZIP	MIAMI FL	DELETE		Y-ST-ZIP	Mia	mi, FL 33/47	. Chai	nge Addition	
TITLE		L_1 Detects	31 1171				. L Ullai	ige Addition	
NAME	1		3.2 NA						
STREET ADDRESS	•			EET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.1 T(T)	Y - \$1 - ZIP	<del> </del> -		Char	nge Addition	
NAME			4. 2 NA		1				
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	511111		<u> </u>		Char	nge Addition	
NAME			5 2 NA	AE.	Ì				
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-\$1-7IP					
TITLE	***************************************	DELETE	6.1 1111		1		Char	nge Addition	
NAME			6.2 NA	/E					
STREET ADDRESS			6.3 S1F	EET ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-S1-ZIP	-				
	by certify that the information supr	olied with this filing does not qualify			stated in S	Section 119.07(3)(i). Florida Statute	s. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.