

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V02904** (3)  
1. Corporation Name  
**J.E. PINION PAINTING AND DECORATING, INC.**

Principal Place of Business  
**31 OCEAN DRIVE  
B-204  
KEY LARGO FL 33037  
US**

Mailing Address  
**15801 S.W. 143 AVE.  
MIAMI FL 33177**

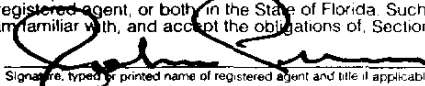


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0304231</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PINION, JOHN E 15801 S.W. 143 AVE MIAMI FL 33177</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		85 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  (NOTE: Registered Agent signature required when reinstating) DATE **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <b>D'ARMAS J. RAFAEL</b>		1.2 NAME <b>Pinion, Joshua</b>	
1.3 STREET ADDRESS <b>35 N.E. 12TH AVENUE</b>		1.3 STREET ADDRESS <b>15801 S.W. 143 Avenue</b>	
1.4 CITY-ST-ZIP <b>HOMESTEAD FL</b>		1.4 CITY-ST-ZIP <b>Miami, FL 33177</b>	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <b>KUHN, JACK</b>		2.2 NAME	
2.3 STREET ADDRESS <b>1341 NW 14TH ST</b>		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP <b>HOMESTEAD FL</b>		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME <b>PINION, JOHN</b>		3.2 NAME	
3.3 STREET ADDRESS <b>15801 SW 143 AVE.</b>		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	
4.1 TITLE <input checked="" type="checkbox"/> DELETE		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME <b>FRANK, MIKE</b>		4.2 NAME <b>D'ARMAS, ERIC</b>	
4.3 STREET ADDRESS <b>751 9TH ST</b>		4.3 STREET ADDRESS <b>35 N.E. 12th Avenue</b>	
4.4 CITY-ST-ZIP <b>HOMESTEAD FL</b>		4.4 CITY-ST-ZIP <b>HOMESTEAD, FL</b>	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE:  DATE **4/28/98** (305) 233 0092

CR2E034 (10/97)