

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V10722 (9)

1. Corporation Name:

MOURIZ PAINTING ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **12235 SW 129TH CT. MIAMI FL 33186 US**
Mailing Address: **12235 SW 129TH CT. MIAMI FL 33186 US**

3. Date Incorporated or Created: **01/31/1992**
3a. Date of Last Report: **07/18/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt. # etc.: **22**
City & State: **23**
City: **24** State: **25** Country: **29** Zip: **30**

4. FET Number: **65-0321239**
Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for exchange tax under § 192.03, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MOURIZ, REINALDO J.
10100 SW 125TH AVE.
MIAMI FL 33186**

10. Name and Address of New Registered Agent

B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
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B4 City: **FL** B5 Zip Code:
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Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **V10804 (5)**

1. Corporation Number

PHILNE'S INC.

JUN 12 1995 15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**16213 RAMBLING VINE DR
TAMPA FL 33624**

**16213 RAMBLING VINE DR
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1992	3a. Date of Last Report 07/12/1994
4. FEI Number 59-3119966	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for damages for which it is insured by Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. County	28. County
24. Zip	29. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION INC
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301**

81. Name ROBERT F. COHEN
82. Street Address (P.O. Box Number is Not Acceptable) 7823 N. Dale Mabry
83. Suite Suite 100
84. City Tampa
85. Zip Code FL 33614

11. Pursuant to the provisions of Sections 607.09(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both on 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 607.1508, Florida Statutes.

SIGNATURE

(Signature of Agent or Principal Place of Business Representative)

(Signature of Registered Agent or Registered Agent Representative)

Robert F. Cohen

5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	CEO NESPECA, PHILOMENA 16213 RAMBLING VINE DR. W. TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	T NESPECA, EDWARD 16213 RAMBLING VINE DR. W. TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation is in good standing for the purposes stated in Section 13.01(7)(b), Florida Statutes. I further certify that the information included 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 for of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE:

Philomena Nespeca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95