

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V10722** (9)

1. Corporation Name

**MOURIZ PAINTING ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**12235 SW 129TH CT.  
MIAMI FL 33186  
US**

**12235 SW 129TH CT.  
MIAMI FL 33186  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

8. Name

**MOURIZ, REINALDO J.**

82. Street Address (P.O. Box Number is Not Acceptable)

**12235 S.W. 129th Court**

83

**Miami, Florida 33186**

84. City

**Miami**

FL

85

Zip Code

**33186**

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

**REINALDO J. MOURIZ, DIRECTOR AND REGISTERED AGENT**

**April 24, 1996**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOURIZ, REINALDO J.</b>	
STREET ADDRESS	<b>10100 SW 125TH AVE.</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOURIZ, MIGUEL A.</b>	
STREET ADDRESS	<b>10020 SW 125TH AVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>PUG, HENRY</b>	
STREET ADDRESS	<b>12710 S.W. 27TH TERR.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOURIZ, JANET</b>	
STREET ADDRESS	<b>10020 S.W. 125TH AVE.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PUG, HENRY</b>	
STREET ADDRESS	<b>12710 SW 27TH TERR.</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOURIZ, JANET</b>	
STREET ADDRESS	<b>10020 SW 125TH AVE.</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**REINALDO J. MOURIZ**

**April 24, 1996**

**(305) 254-3915**

CR2E034 (12/95)