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

CITY-ST-ZIP

14. I hereby certify that the information supplied with this triing of indicated on this annual report or supplemental annual report officer or director of the corporation of the requirer or trusteen.

officer or director of the corporation Block 12 or Block 13 if changed, or

FILED PROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)MOURIZ PAINTING ENTERPRISES, INC. Principal Place of Business Mailing Address 12235 SW 129TH CT. 12235 SW 129TH CT. MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/31/1992</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0321239 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 9. Name and Address of Odrrent Registered Agent 10. Name and Address of New Registered Agent 81 Name MOURIZ, REINALDO J. REINALDO 12234 SW 129TH COURT 82 Street Add **MIAMI FL 33186** 83 84 City MIAMI 11. Pursuant to the provision office or registered agent agent. I am familiar with ions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered opt the obligations of, Section 607.0505, Florida Statutes **SIGNATURE** of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME **moviri**z, reinaldo⁄j. 1.2 NAME **30100'SW 125TH/AVE** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-S1-7IP TITLE DELETE 2.1 TITLE Change Addition NAME **MOURIZ, MIGUEL 2.2 NAME** STREET ADDRESS 10020 SW 125TH AVE 2.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition PUIG. HENRY NAME 32 NAME STREET ADDRESS 12710 S.W. 27TH TERR. 3.3 STREET ADDRESS **MIAMI FL 33175** CITY - ST - ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE Change Addition MOURIZ, JANET NAME 4. 2 NAME 10020 S.W. 125TH AVE. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE 6.1 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

n a**d**dress.

pes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in