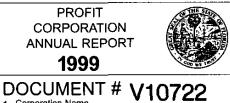
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1, Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90244 025 ***150.00

MOURIZ	PAINTING ENTERPRISES,	INC.							
Principal Place	of Rusiness	Mailing Address				1	1007 011001 1611 95111 1814 1816 191	i Bibli Bibli Bibli	61611 01811 1 3 61
12235 SW 129TH CT. 12235 SW 129TH CT. MIAMI FL 33186 MIAMI FL 33186									
US US							DO NOT WRITE IN TH	IS SPACE	
						1	Date Incorporated or Qualifed		
							01/31/1992		
Principal Pl	lace of Business	2a. Mailing Address	a. Mailing Address			1	FEI Number	<u> </u>	pplied For
21		26					65-0321239		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		Additional equired
22	area to	27				<u> </u>			
City & State	e	City & State	¬ '			6.	Election Campaign Financing		May Be to Fees
23	0	28 - 7/m	Count			_	Trust Fund Contribution		to rees
Zip ′	Country	Zip	_	a y		8.	This corporation owes the current year li Personal Property Tax.	Intangible ☐ Yes	□No
24	9. Name and Address of Curre	29 3	0			10	Name and Address of New Registere		
	g. Name and Address of Curre	III Kegisteren Agent	ε	31	Name	10.	Traine and Traine		
MOURIZ, R J				_					
12235 SW 129TH CT				32	2 Street Address (P.O. Box Number is Not Acceptable)			(
MIAMI FL 33186			ε	33					
			8	34	City		F	L 85 Zip	Code
A Continue Co. Oct. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co									s registered
11, Pursuant to the provisions of sections but 3012 and 607.1306, Florida Statutes, the abovernance Corporation's distribution and the provisions of sections of 501.0302 and 607.1306, Florida Statutes, 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		WOTE 5					einstating) DATE		
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	yerk a	signature required v		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TIRE	D	☐ DELETE	1.1 TITU	 E			ADDITIONOS WINGED TO OFFICE IN	Change	Addition
NAME				1.2 NAME					
i	A A A A A A A A A A A A A A A A A A A			1.3 STREET ADDRESS					}
STREET ADDRESS	MAMI FL								
CITY-ST-ZIP TITLE	D D			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
	A CONTRACT A SACRETURE A			2.2 NAME				-	_ [
NAME				2.3 STREET ADDRESS					
STREET ADDRESS			4	2. 4 CITY-ST-ZIP					ſ
CITY-ST-ZIP			3.1 TITL		- ZIF			Change	☐ Addition
TITLE NAME			3.2 NAM					•	_
STREET ADDRESS					INDRESS				
•				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	D			L1 TITLE				Change	Addition
NAME			4. 2 NAM						
					DDRESS				ļ
STREET ADDRESS	MIAMI FL 33186		4.4 CITY						
CITY-ST-ZIP TITLE	INIVARI I E OO IOO	☐ DELETE	5.1 TITL					Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					ADORESS .				
			5.4 CITY		l l				
CITY-ST-ZIP		☐ DELETE	6.1 TITU					Change	Addition
NAME			6.2 NAM					•	_
IAMANE					ODRESS				

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 attackment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND AYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #