**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/6/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48694** **(6)**

1. Corporation Name

**AMERICAS'S BEST PAINTING & WATERPROOFING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15295 S. BISCAYNE RIVER DR.<br>MIAMI FL 33169 | 15295 S. BISCAYNE RIVER DR.<br>MIAMI FL 33169 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21: 18980 NE 4th Ct.
Suite, Apt. #, etc. 22: —
City & State 23: MIAMI FL.
Zip 24: 33179 Country 25: USA

2a. Mailing Address
26: 18980 NE 4th COURT
Suite, Apt. #, etc. 27: —
City & State 28: MIAMI FL
Zip 29: 33179 Country 30: USA

4. FEI Number: 65-0340241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electoral Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

**NOLASCO, RAFAEL**
**15295 S. BISCAYNE RIVER DR.**
**MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 18980 NE 4th COURT
83
84 City: MIAMI FL **FL** 85 Zip Code: 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, OR DELETIONS | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | NOLASCO, RAFAEL | 12 NAME | |
| STREET ADDRESS | 15295 S. BISCAYNE RIVER DRIVE | 13 STREET ADDRESS | 18980 NE ~~4th Ct.~~ 4th ct. |
| CITY ST ZIP | MIAMI FL 33169 | 14 CITY ST ZIP | MIAMI FL 33179 |
| TITLE | VP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | NOLASCO, AMBIORIX | 22 NAME | |
| STREET ADDRESS | 15295 S. BISCAYNE RIVER DRIVE | 23 STREET ADDRESS | 18980 NE 4th COURT |
| CITY ST ZIP | MIAMI FL 33169 | 24 CITY ST ZIP | MIAMI FL 33179 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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 addrondi.

**SIGNATURE:** Rafael Nolasco 7-18-95 Daytime Phone # 305 685-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0144800 FP