



STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 01/16/1998

FILING FEE \$45.00

The following information is required by A.R.S. §10-1622 & §10-2501 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-2545.A. YOUR REPORT MUST BE

CHEN	es, Title 10. The Commission's autho INTED ON THIS ORIGINAL FORM. N R TO THE INSTRUCTIONS ON PAG	ority to prescribe this form is A.R.S. §10-121.A. & §10-25 Make changes or corrections where necessary. See ins <u>E.4.</u>	tructions for	r proper l	format.
1.	MIRAGE PLASTERING, -3661 N CAMPBELL AV TUCSON, AZ 85719	1902 W. Grant Road Julie	± 110-36		
2.	State of Domicile: AR I ZONA Arizona Statutory Agent:	JAMES WEAVER	-0	52297	7-8
	Street Address: (NOT P.Q. BOX) City, State, Zip: ACC USE ONLY Fee \$ 7	TUCSON AZ 85716- If appointing a new statutory agent, the new agent appointment by signing below.	company) h	aving be	en
	Reinstate \$	designated the new Statutory Agent, do hereby commy removal or resignation pursuant to law.	nsent to this ≧	appoint	ment unti
	Expedite \$		SHO.	_	LEOT.
	FY97-98	Signature	CORTCRATT RECEIVE	30	NIS SUB
3.	Secondary Address: (Foreign Comporations are REQUIRED to complete this section.)	•	ACC	Oct	DOCUMENT REVIEW 38
4.	Check the one category below w	hich best describes the CHARACTER OF BUSINESS	of your cor	poration	•
		NON-PROFIT	CORPORATION	<u> SNC</u>	

NON-PROFIT CORPORATIONS **BUSINESS CORPORATIONS**

THOMESO CORD	ODATIONS	NON-PROPER CONFORMATIONS
BUSINESS CORPO	ORANONS,	1. Charitable
1. Accounting	20. Manufacturing	2 Benevolent
2. Advertising	21. Mining	
	22. News Media	3 Educational
3. Aerospace	23. Pharmaceutical	4. Civic
4. Agriculture	23. Pharmaceudoa	5. Political
5. Architecture	24. Publishing/Printing	6. Religious
6. Banking/Finance	25. Ranching/Livestock	
O. Dalikilig/Finance	26. Real Estate	7 Social
7. Barbers/Cosmetology	20. Near Louis	8. Literary
8 Construction	27. Restaurant/Bar	9. Cultural
X 9 Contractor	28 Retail Sales	10. Athletic
10. Credit/Collection	29. Science/Research	
	30. Sports/Sporting Events	11 Science/Research
11. Education	31. Technology(Computers)	12. Hospital/Health Care
12. Engineering	311echnology(Computers)	- 13 Agricultural
13. Entertainment	32. Technology(General)	a a de la
- 44 Concesting	33. Television/Radio	14 Animal Husballuly
14. General Consulting	The second secon	15. Homeowner's Association
15. Health Care		16. Professional, commercial
16. Hotel/Motel	35. Transportation	industrial or trade association
	36. Utilities	Industrial of trade association
17. Import/Export		17. Other
18. Insurance	37. Veterinary Medicine/Animal Care	
19. Legal Services	38. Other	والكواب المنكورين والكواب والكا
IS. LEGGI OCIVIOCO		

5. CAPITALIZATION: (Business Corporations and Business Trusts are REQUIRED to complete this section.) Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in Number of Shares/Certificates Authorized Class Series Within Class (if any) 100,000 Common Number of Shares/Certificates Issued Series Within Class (if any) 1.000 _____Common 6. SHAREHOLDERS: (Business Corporations and Business Trusts are REQUIRED to complete this section.) List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. (If no changes since last report, check here __ and go on to Section 7.) Name: JAMES A WEAVER NONE | 7. OFFICERS (If no changes since last report, check here __ and go on to Section 8.) JAMES A WEAVER Name: Name: PRESIDENT/CEO Title: z. Title: 2954 E WINTERHAVEN DR Address: Address: TUCSON, AZ 85716-Date taking office: 04-12-90 _____Date taking office: PAULA MANNELL Name: Name: PAULA MANNELL SECRETARY Title: TREASURER Title: 2010 N ROSEMARY 2954 E. Winterhaven Dr. Address: 2010 N ROSEMARY 2954 E. Winderhoven Dr TUCSON, AZ 85716-Date taking office: 04-12-90 Date taking office: 04-12-90 8. <u>DIRECTORS</u> (If no changes since last report, check here __ and go on to Section 9.) Name: <u> nametra trongeria e projet Name: __</u> 2954 E WINTERHAVEN DR 2010 N ROSEMARY 2954 E. Winternavendor Address: £. Address: TUCSON, AZ 85716-Date taking office: _____ O4-12-90 Date taking office: ____ Name: Address: Address: Date taking office: _____ Date taking office: _____

					D 2					
Please E	Enter Corporation Name:Mi	rage Plastering.	Inc.	- G(220	Page 3					
Only corp and equit	NCIAL DISCLOSURE (A.R.S. §§ corations that meet one or more of the corporation is: 1) a public ser its stock for sale in transactions the raded). 3) a nonprofit corporation	e following criteria must a vice corporation (e.g., pul at are not exempt from A	trach a financial statement (blic utility) as defined in Article R.S. §§ 44-1841 and 44-18	342 as prescribed in §44-184	0114011-					
	RTIFICATE OF DISCLOSURE (A person serving either by election or a of the issued and outstanding comm	endintmont as an officer	nitecini illisiee. Ilicorbolato	r and person controlling or ho or membership interest in the	olding more corporation					
year 2. Con or m	victed of a felony involving a transact period immediately preceding the ex- victed of a felony, the essential eleme conopoly in any state or federal jurisc are subject to an injunction, judgment rediately preceding execution of this c	ents of which consisted of hiction within the seven years to decree or permanent of	fraud, misrepresentation, the representation of the representation of the precent of any state or federal cr	eft by false pretenses or restra ling execution of this certificat ourt entered within the seven	aint of trade te? year period					
	(a) fraud or registration provisions of the securities laws of that jurisdiction, or(b) the consumer fraud laws of that jurisdiction, or(c) the antitrust or restraint of trade laws of that jurisdiction?									
	One box must be marked:	YES 🗇	NO Ø							
If "YES", in Items	the following information must be subn 1. through 3. above.	nitted as an attachment to t	his report for each person su	oject to one or more of the ac	tions stated					
1. 2. 3. 4.	Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period).	5. 6. 7.	Date and location of birt Social Security Number The nature and description date and location; the color cause number of the	on of each conviction or judicia urt and public agency involved	al action; the , and the file					
Has AN	ATEMENT OF BANKRUPTCY (ATEMENT OF BANKRUPTCY) Y person serving either by election or a serving either by election or a such capacity or held a 20% interestion?	appointment as an officer,								
	One box must be marked:	YES 🗇	NO Ø	·						
	If YES, enter the following:	Chapter	Date Filed	Case Number						
names	, the following information must be su and addresses of each corporation a acted business. 3) The dates of cor	and the person or persons porate operation.	involved. 2) The state in wi	non each corporation was ay						
12.	CAUTION: Signature requirer rules. Annual Reports submitted	ments vary according to ed with incorrect signat	o the type of corporation. ures will be rejected.	See the instruction sheet	for specific					
REVIS	ARE, UNDER PENALTY OF LAW, THE ED STATUTES HAVE BEEN FILED	WITH THE ARIZONA D	EPARTMENT OF REVERO	L .						
	er declare under penalty of law tha st of my (our) knowledge and beli	of they are true correct	ano complete.							
Name	James A. Weaver	Date_ <u>(0/29/97</u>)	Name Paula Manne	<u> </u>	0/29/97					
Signa	James A. Weaver		Signature Paula	Mannell.						
Title_	Drheidant/CFO		inte Treasurer	/ CF U						
	(Signator(s) must be	authorized corpor	ate officer(s) listed in sect	ion r or uno reporte,						