FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUL 20 PM 1:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 431110

1. Corporation Name
CLINICA LAS MERCEDES, INC.

Principal Place of Business
1479 N.W. 27 AVE.
MIAMI, FL. 33125

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 SAME

2a. Mailing Address
26

4. FEI Number
59 147 5050
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc
27

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

City & State
23

City & State
28

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

Zip | Country
24 | 25 | 1

Zip | Country
29 | 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MARIA MUNIZ

82 Street Address (P.O. Box Number is Not Acceptable): 1479 NW 27 AVE

83

84 City: MIAMI FL 85 Zip Code: 33125

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: [signature] MARIA MUNIZ 7/12/95
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	ANTONIO D RAMIREZ	12 NAME	
STREET ADDRESS	7450 S.W. 82 AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33144	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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	

LW

14. I (We 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. 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 address.

SIGNATURE: [signature] ANTONIO D RAMIREZ 6/20/95 305 264 9776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 441399 (3)

1. Corporation Name

BRUNSONS PAINT & BODY SHOP, INC.

Principal Place of Business
471 MAIN STREET
DUNEDIN FL 3469

Mailing Address
471 MAIN STREET
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1973	3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1498259	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election 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	

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / Country: 25

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

BRUNSON, B.J.
2141 N. KEENE ROAD
CLEARWATER FL 33515

10. Name and Address of New Registered Agent

81 Name: ROBIN PERIANDRI
82 Street Address (P.O. Box Number is Not Acceptable): 2485 TREEMONT WAY
83
84 City: DUNEDIN FL 85 Zip Code: 34698

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 Robin Periandri

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	BRUNSON (WILLIAM E.)	1.2 NAME	RICHARD P. PERIANDRI	
STREET ADDRESS	2141 N. KEENE RD.	1.3 STREET ADDRESS	2485 TREEMONT WAY	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	HAUSER, (CINDA S.)	2.2 NAME	RICHARD P. PERIANDRI	
STREET ADDRESS	1013 CHELSEA LN	2.3 STREET ADDRESS	2485 TREEMONT WAY	
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	P	3.1 TITLE	P	☒ Change ☐ Addition
NAME	BRUNSON (BETTY J.)	3.2 NAME	ROBIN L. PERIANDRI	
STREET ADDRESS	2141 N. KEENE RD.	3.3 STREET ADDRESS	2485 TREEMONT WAY	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME	200001545372	
STREET ADDRESS		4.3 STREET ADDRESS	-07/25/95--01064--015	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****225.00 ****225.00	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH	

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 address.

SIGNATURE: Robin Periandri / ROBIN PERIANDRI — 6-26-95 — 733-6970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0368010 CP