

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 6026451
1. Corporation Name

Arpa Auto Clinic

Principal Place of Business Mailing Address

2951 Sw. 72 Ave
Miami Florida 33155

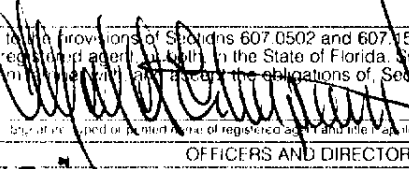
3. Date Incorporated or Qualified 01-1-76 3a. Date of Last Report LAST YEAR

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same	4. FEI Number 59-1928946	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 City & State Miami FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip 33155	25 Country DME	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MANUEL A. ESTAMPONI
12021 SW 108 ST.
MIAMI, FL 33186

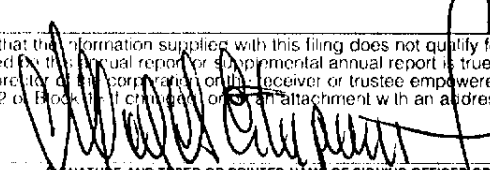
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  PRESIDENT 03-20-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	2951 SW 72 AVE	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI, FL 33155	21 TITLE	22 NAME
TITLE	VICE PRESIDENT	23 STREET ADDRESS	24 CITY-ST-ZIP
NAME	RODRIGO DE RITO	31 TITLE	32 NAME
STREET ADDRESS	2951 SW 72 AVE	33 STREET ADDRESS	34 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI, FL 33155	41 TITLE	42 NAME
TITLE		43 STREET ADDRESS	44 CITY-ST-ZIP
NAME		51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	54 CITY-ST-ZIP
CITY-ST-ZIP		61 TITLE	62 NAME
TITLE		63 STREET ADDRESS	64 CITY-ST-ZIP
NAME		900002141429	
STREET ADDRESS		-04/14/97--01004--037	
CITY-ST-ZIP		***165.00	

14. I do 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, or on an attachment with an address.

SIGNATURE:  PRESIDENT 03-20-97 305-262-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)