

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 9:32

DOCUMENT # **K14450** (6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HERNANDEZ MOVER BRAKE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5015 SW 117TH AVE MIAMI FL 33175	Mailing Address 5015 SW 117TH AVE MIAMI FL 33175
----------------------------------------------------------------------------	----------------------------------------------------------------

3. Date of Incorporation or Qualification 02/10/1988	3a. Date of Last Report 06/27/1994
4. FEI Number 65-0038379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for changeable tax under 1993 QAP Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. # etc. 22. City & State 23. County	2a. Mailing Address 26. Suite, Apt. # etc. 27. City & State 28. County
24. County	25. County
29. County	30. County

9. Name and Address of Current Registered Agent

**HERNANDEZ, LUIS A.
5015 SW 117TH AVE
MIAMI FL 33175**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	HERNANDEZ, LUIS A.
3. STREET ADDRESS	5015 SW 117TH AVE
4. CITY & STATE	MIAMI FL 33175
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & STATE	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(7)(b), Florida Statutes. I affirm and certify that the information indicated on the 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 trust company named in the report as required by Chapter 605, Florida Statutes, and that my name appears in Block 1, or Block 11, of this report, or on an alternate form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95