

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K49733** (4)

1. Corporation Name
CAR BODY CONCEPTS, INC.



Principal Place of Business: **8500 NW 96ST. MEDLEY FL 33166 US**
Mailing Address: **7448 NW 55 STREET MIAM FL 33166**

3. Date Incorporated or Qualified: **12/07/1988**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0087219**
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**
2a. Mailing Address: **26** *8500 NW 96ST*
22. State, Apt. #, etc.: **27**
23. City & State: **28** *Medley FL*
24. Zip: **29** *33166* Country: **30** *USA*

9. Name and Address of Current Registered Agent: **JIMENEZ, CESAR 7448 NW 55TH STREET MIAMI FL 33166**
10. Name and Address of New Registered Agent: **81 Name**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code** **FL**

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JIMENEZ, CESAR E.	2. NAME	
3. STREET ADDRESS	7415 W. 16 AVE.	3. STREET ADDRESS	
4. CITY, STATE, ZIP	HIALEAH FL	4. CITY, STATE, ZIP	
5. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, STATE, ZIP		8. CITY, STATE, ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE, ZIP		16. CITY, STATE, ZIP	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, STATE, ZIP		20. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an officer or director of the corporation or by an officer 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 of this change or other attachment with an address.

SIGNATURE: *[Signature]* **7/23/96** **884-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)