

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K71151** (0)
1. Corporation Name
ARIAS HOUSE REPAIR, INC.

Principal Place of Business
**3351 S.W. 104TH COURT
MIAMI FL 33165**

Mailing Address
**3351 S.W. 104TH COURT
MIAMI FL 33165**

APPROVED
AND
FILED

95 MAY -1 AM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
21 State Apt # etc
22 City & State
23 Zip

2a. Mailing Address
26 State Apt # etc
27 City & State
28 Zip

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/08/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0117708

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. 198.012 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ARIAS, RAMON
3351 S.W. 104TH COURT
MIAMI FL 33165**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 607.0805, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ARIAS, RAMON
STREET ADDRESS	3351 S.W. 104TH COURT
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	ARIAS, RAMON
STREET ADDRESS	3351 S.W. 104TH COURT
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shall not equally be the responsibility of the recipient stated in Section 119.07, 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 file 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: *R. Arias* **PREBIOENT** 4/18/95 (305) 226-1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR