

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 PM 2:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M00657 (0)

**1. Corporation Name
QUALITY AUTO REPAIR, INC.**

**Principal Place of Business Mailing Address
6956 SW 47TH STREET 6956 SW 47TH STREET
MIAMI FL 33155 MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1984 3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 **26** *6962 SW 47 ST*
22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.
23 City & State **28** City & State
Miami, Florida
24 Zip **25** Country **29** Zip **30** Country
33155 USA

4. FEI Number 59-2411182 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 § 108.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
OBREGON, FRANCISCO J., JR.
10001 SW 14 TERR.
MIAMI FL 33174

10. Name and Address of New Registered Agent
81 Name *SAME*
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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 607.0505, Florida Statutes.

SIGNATURE *Francisco J. Obregon* **Francisco J. Obregon Pres** **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	OBREGON, FRANCISCO J., JR.
STREET ADDRESS	10001 SW 14 TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	ST
NAME	OBREGON, MARIA LUISA
STREET ADDRESS	10320 SW 51ST ST.
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	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<i>V.P. Fernando Obregon</i>
23 STREET ADDRESS	<i>10320 SW 51ST</i>
24 CITY, ST, ZIP	<i>MIAMI FL 33165</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 139.07(3)(b), 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 that report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition thereto with an address.

SIGNATURE: *Francisco J. Obregon* **Francisco J. Obregon** **4/28/95** **505-661-4693**