1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🦩

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M00657

1. Corporation Name

QUALITY AUTO REPAIR, INC.

Principal Place of Business Mailing Address									
6962 SW 47TH STREET 6962 SW 47 STREET									
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed			
						05/16/1984			}
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21	ace of pushiess	26				59-2411182		ļ ļ	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		_					Additional
27						5. Certifcate of Status Desired		Fee R	tequired
City & State City & State						6. Election Campaign Financing	П	\$5.00	May Be
23						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	1		8. This corporation owes the curr	ent year Inta		
24	25	29 30	Ь,			Personal Property Tax.		Yes	No
	9. Name and Address of Current	Registered Agent	81	Ты	lame	10. Name and Address of New F	egisterea /	Agent	
OBR	EGON, FRANCISCO J., JR.		81	'	anie				
10001 SW 14 TERR.				S	treet Addres	ss (P.O. Box Number is Not Accepta	ible)		
MARK EL 00474				┼─			-		
			83						
			84	С	City	FI 85 Zip 0			Code
					amed corner	ration submits this statement for the		changing it	s registered
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, Section 607.0505, Florida Statutes.									egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rer	sistered Ager	nt sigi	nature required w	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	OBREGON, FRANCISCO J., JR.		1.2 NAME						
STREET ADDRESS	10001 SW 14 TERR.		1.3 STREE	T ADE	DRESS				}
CITY-ST-ZIP			1.4 CITY-S	1.4 CITY-ST-ZIP					
TITLE	VP	☐ DELETÉ	2.1 TITLE					Change	Addition
NAME	obregon, Fernando		2.2 NAME						
STREET ADDRESS	10320 SW 51 ST		2.3 STREE	T ADE	DRESS				1
CITY-ST-ZIP	MIAMI FL 2.40			ST-ZI	P				
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADE	ORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZI	P			Change	Addition
TITLE		☐ DELETE	4.1 TITLE					change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE		i				
CITY-ST-ZIP			4.4 CITY-S	T-ZIF	2			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					□ crisige	
NAME			5.3 STREE	ተ ልቦታ	npess				
STREET ADDRESS			5.3 STREE 5.4 CITY-S						
CITY-ST-ZIP		[] DELETE	5.4 CH Y-S	, 1-21	$-\!\!\!\!\!+\!\!\!\!\!-$			ET Change	☐ Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

05-04-1999 90197 040 ***150.00