

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M45398** (8)
1. Corporation Name:
EMILIANO AUTO BODY SHOP, CORP.

Principal Place of Business: **7033 N.W. 36 AVE. MIAMI FL 33147-6507**
Mailing Address: **7033 N.W. 36 AVE. MIAMI FL 33147-6507**

APPROVED AND FILED
95 MAY -1 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date for corporation or Qualified: **01/26/1987** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2782545** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has never adopted the Uniform Florida Statute: Yes No

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

9. Name and Address of Current Registered Agent: **EMILIANO, ALVAREZ 626 E 20 ST HIALEAH FL 33010**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address, P.O. Box Number or Post Office: 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record to a post office 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 609.01, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME	PD ALVAREZ, EMILIANO 626 E 120 ST HIALEAH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	SD ALVAREZ, ISIDRA 626 E 120 ST HIALEAH FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD ALVAREZ, REYNALDO 626 E 120 ST HIALEAH FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 609.01(b)(1), 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. I am available to disclose to the corporation or the receiver or liquidator (employees) to make up the report as required by Chapter 609, Florida Statutes, and that my name appears on Block 13 of Block 13 file (typed or printed after report with an address).

SIGNATURE: *Emiliano Alvarez* 4-15-95 227-212-0
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR