

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M45610

1. Corporation Name

M.R. PAINT AND BODY SHOP, INC.

Principal Place of Business

~~C/O MARCOS REYES~~
8725 NW 117 ST. BAY 5-6
HIALEAH GARDENS FL 33016

Mailing Address

~~C/O MARCOS REYES~~
8725 NW 117 ST. BAY 5-6
HIALEAH GARDENS FL 33016

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90088 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1987

4. FEI Number

59-2765855

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 ~~40~~ Alfredo Darna

2a. Mailing Address

26 ~~40~~ Alfredo Darna

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

REYES, MARCOS
1950 W 56TH ST
APT 2108
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

Alfredo Darna

82 Street Address (P.O. Box Number is Not Acceptable)

8725 NW 117 ST.

83

Bay 5-6

84 City

Hialeah Garden

FL

85 Zip Code

33016

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME REYES, MARCOS
STREET ADDRESS 1950 W 56TH ST #2108
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

President / Director

☐ Change ☒ Addition

1.2 NAME

Darna, Alfredo

1.3 STREET ADDRESS

8725 NW 117 St. Bay 5-6

1.4 CITY-ST-ZIP

Hialeah Garden FL 33016

2.1 TITLE

Sec/Treasurer; Director

☐ Change ☒ Addition

2.2 NAME

Jorge Perez, Jorge

2.3 STREET ADDRESS

8725 NW 117 St. Bay 5-6

2.4 CITY-ST-ZIP

Hialeah Garden, FL 33016

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(305) 821-0245

Daytime Phone #

CR2E034 (11/98)

0135984