

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026604
1. Corporation Name

AMERICAN COLLISION, INC.

Principal Place of Business Mailing Address
305 W 68TH ST. 305 W. 68th ST.
HIALEAH, FL. 33014 HIALEAH, FL. 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/04/95

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 3500 N.W. 54 ST. 26 3500 N.W. 54th ST. 65-0569738 Not Applicable

22 Suite, Apt #, etc 27 Suite, Apt #, etc 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State 6. Election Campaign Financing **\$5.00 May Be Added to Fees**
MIAMI, FLORIDA MIAMI, FLORIDA

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No
33142 DADE 33142 DADE

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

JULIE FONT
305 W. 68t STREET
HIALEAH, FL. 33014

81 Name
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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Type or print name of registered agent and file if applicable) (If (11) Registered Agent signature required when registering, _____) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT FONT	1.2 NAME	
STREET ADDRESS	305 W. 68th STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL. 33014	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO E. CACERES	2.2 NAME	
STREET ADDRESS	10002 NW 31 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33147	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****225.00**

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 119.07(3)(k), 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.

SIGNATURE: *Albert Font* **ALBERT FONT PRES.** **7-30-96** **305 638-9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Full Office Phone #
05 817/96