

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90062 003 ***158.75

DOCUMENT # P95000048045

1. Entity Name

JAPANESE AUTOWORKS, INC.

Principal Place of Business

1357 NW 88 AVE
 MIAMI FL 33172
 US

Mailing Address

12970 S.W. 20TH TERRACE
 MIAMI FL 33175-1317

2. Principal Place of Business

3. Mailing Address

1357 N.W. 88 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number

65-0590262

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, ORLANDO
12970 S.W. 20TH TERRACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ORLANDO PICHARDO	12970 SW 20 TERR	MIAMI FL	<input type="checkbox"/>
VP	SAIDA PICHARDO	12970 SW 20 TERR	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ORLANDO PICHARDO	12970 S.W. 20 TERR.	MIAMI, FL 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	SAIDA PICHARDO	12970 S.W. 20 TERR	MIAMI, FL 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	LAZARO PICHARDO	7085 W. 19 CT.	HALEAH, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ORLANDO PICHARDO

1/7/2000

(305) 592-3595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)