

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000094785 (9)**

1. Corporation Name  
**DIAMANTE AUTO REPAIR INC.**



Principal Place of Business  
**12975 N.E. 14 AVENUE  
NORTH MIAMI FL 33161**

Mailing Address  
**12975 N.E. 14 AVENUE  
NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified  
**12/14/1995**

3a. Date of Last Report

4. FEI Number  
**65-0635060**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent  
**RUIZ, ALICIA M  
12975 N.E. 14 AVENUE  
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 **ALICIA M. RUIZ, PRESIDENT** *Alicia Ruiz* DATE **04/27/96**

12. OFFICERS AND DIRECTORS

DELETE

TITLE **PSD**

NAME **RUIZ, ALICIA M**

STREET ADDRESS **12975 N.E. 14 AVENUE**

CITY-ST-ZIP **NORTH MIAMI FL 33161**

DELETE

TITLE **VTD**

NAME **GARCIA, HERMINO C**

STREET ADDRESS **12975 N.E. 14 AVENUE**

CITY-ST-ZIP **NORTH MIAMI FL 33161**

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE **SECRETARY**

1.2 NAME **RUIZ, MIRTHA Y.**

1.3 STREET ADDRESS **12975 N.E. 14 AVENUE**

1.4 CITY-ST-ZIP **NORTH MIAMI, FL. 33161**

Change  Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change  Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change  Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change  Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change  Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Alicia Ruiz* **ALICIA M. RUIZ, PRESIDENT** DATE **04/27/96** (305) 893-0009

CR2E034 (12/95)