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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039698 (1)

FILED
May 28 1998 8:00am
Secretary of State

	CALIENTO	REPAIR SERV		J (1)					
Principal Place of Business Mailing Address								ATTE BATAN TIREN HAFIN AFRIN	10(0) 1914 1001
725 N.W. 351	TH STREET		725 N.W. 351	725 N.W. 35TH STREET					
FORT LAUDE	RDALE FL 333	009	FORT LAUDE	FORT LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE		
								E IN THIS SPACE	
							3. Date Incorporated or Qualified 05/03/1996		
2. Principal P	2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For
21				26			NOT APPLICABLE		Not Applicable
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Certificate of Status Desired	1 1	Additional
22			27	· · ·   · · · ·   · · · · · · · · · · ·				Fee	Required
City & Stat	te		<b>├</b> ¬	City & State			6. Election Campaign Financing		May Be
Zip Country			· · · · · · · · · · · · · · · · · · ·	Zip Country			Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible		
24	ļ.	<del></del> 1	29	-	30		Personal Property Tax due June		Intangible
24   25   2. Name and Address of Currer					10. Name and Address of New Registered Agent				
CA	LLIENTO, JO	HN	<b>.</b> .		81	Name		<u> </u>	<del></del>
	5 N.W. 35TH				82	Ctroot Addr	ress (P.O. Box Number is Not Accepta		
FORT LAUDERDALE FL 33309						Street Addr	ress (P.O. box number is not Accepta		
					83				
					84	City		FL 85 Zi	p Code
11. Pursuant	to the provision	ons of Sections 607	.0502 and 607.1508, FI	orida Statutos	s, the above	named corp	poration submits this statement for the	purpose of changing	its registered
office or r agent. I a	regi <b>ste</b> red age am <b>fam</b> iliar wil	ent, or both, in the S h, and accept the o	state of Florida. Such ch phligations of, Section 6	iango was au 9 <mark>7.0</mark> 505, Flori	ilhorized by ida Statutes.	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	ept the appointment i	as registered
SIGNATURE			d agent and title if applicable		mm		red when reinstating)	P. A. Tri	
12.	Signature typen t	and the second s	AND DIRECTORS	(NOIT:	13.	n signalure requir	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDECT	
TITLE	PSD								ORS IN 12 - 1
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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 chapter), or on an attachment with an address.

HOMETURE Al Colot

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