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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000071840 (8)

1. Corporation Name

NORLY'N AUTO DETAIL, CORP.

Principal Place of Business

Mailing Address

1918-A WELCH COURT  
KISSIMMEE FL 34741

1918-A WELCH COURT  
KISSIMMEE FL 34741-9406



3. Date Incorporated or Qualified

08/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 1918-A WELCH COURT

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

23 KISSIMMEE - Florida

Zip

24 34741

Country

25 U.S.A.

27 City & State

Zip

29

Country

30

4. FEI Number

59-3399231

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

9. Name and Address of Current Registered Agent

ANDARCIA, JESUS VINCENTE  
1918-A WELCH COURT  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME JESUS V. ANDARCIA  
STREET ADDRESS 1918-A WELCH CT  
CITY-ST-ZIP KISSIMMEE - FL 34741

TITLE VICE-PRESIDENT ☐ DELETE

NAME EDIKO E. ZACARIAS  
STREET ADDRESS C/ RAFAEL URBANETA # 25 LOS OLIVOS  
CITY-ST-ZIP NUEVOS-MARACAY, ARAUCA VENEZUELA

TITLE TREASURER ☐ DELETE

NAME RAFAEL E. ANDARCIA  
STREET ADDRESS 1918-A WELCH CT.  
CITY-ST-ZIP KISSIMMEE - FL 34741

TITLE SECRETARY ☐ DELETE

NAME ATANALIO A. ANDARCIA  
STREET ADDRESS 1918-A WELCH CT  
CITY-ST-ZIP KISSIMMEE - FL 34741

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-97

Date

(407) 9323249

Daytime Phone #

CR2E034 (9/96)