

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000087980 (3)
 1. Corporation Name
CLASSIC AUTO DETAIL, INC.



Principal Place of Business 4850 NW 7TH ST MIAMI FL 33126	Mailing Address 4850 NW 7TH ST MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent
LOPEZ, ASIS
4850 NW 7TH ST
MIAMI FL 33126

10. Name and Address of New Registered Agent
 81 Name **HARIA HALGRAT**
 82 Street Address (P.O. Box Number is Not Acceptable)
1900 W. 54 ST apt 403
 83 **H**
 84 City **Hialeah** FL 85 Zip Code **33012**

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 *Haria Halgrat* (HARIA HALGRAT) 4/20/98
Signature must be printed name of registered agent and filed separately. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TARRIO, ORLANDO	
STREET ADDRESS	4850 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, JOSE	
STREET ADDRESS	4850 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ASIS	
STREET ADDRESS	4850 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	HARIA	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARIA HALGRAT	
STREET ADDRESS	4850 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on the attachment with an address.

SIGNATURE: *Orlando Tarrío* (ORLANDO TARRIO) President 4/25/98

CR2E034 (10/97)