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FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000101058 (0)

1. Corporation Name

BEACH AMOCO AUTO REPAIR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1790 ALTON ROAD
MIAMI FL 33139

1790 ALTON ROAD
MIAMI FL 33139

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIERRA, SIXTO
1790 ALTON ROAD
MIAMI FL 33139

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0796567

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DPTS
SIERRA, SIXTO
1790 ALTON ROAD
MIAMI FL 33139

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

☐ Change

☐ Addition

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

☐ Change

☐ Addition

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

☐ Change

☐ Addition

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

☐ Change

☐ Addition

41.1 TITLE

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-ST-ZIP

☐ Change

☐ Addition

51.1 TITLE

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-ST-ZIP

☐ Change

☐ Addition

61.1 TITLE

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 an attachment with an address.

SIGNATURE

[Signature]

CR2E034 (10/97)