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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	CORPORATION ANNUAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	/ENT #	940000	25615 (3)							
	NUTO REPAIR, IN	C.									
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Principal Place	of Business	Ma	iling Address					igui Bibit Bhill \$600 \$	OUI BOUR HEAL BUIL	. DOLLA HARAN ANA IAN	jl .
5303 NW 7TH ST. Section B Miami Fl 33126			5303 NW 7TH ST. SECTION B MIAMI FL 33126								
						3.	03/31/1994		 a. Date of Last 04/18/ 		
Principal Place of Business 21			i. Mailing Address			4.	FEI Number 65-04850			Applied For Not Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc			5.	Certificate of Statu	s Desired		5 Additional Required	
City & State			Cty & State				Election Campaign		\$5.0	00 May Be	-
Zip Country			 Zıp	Country			Trust Fund Contrib This corporation ha	as liability for intar	ngible tax under :	ed to Fees s 199.032,	-
24	25 9. Name and Addre	29 ss of Current Regist	ered Agent	30			Florida Statutes Name and Addre	Yes [
					81 Name		Trome and Addie	os or New Negra	stered Agent		
	REDO, PEDRO E				82 Street	t Address (P.C	O. Box Number is I	Not Acceptable)	···		
5303 N SECTIO	W 7TH ST.				83						_
	FL 33126				83						İ
MIN WALL	2 00 120				84 City		* · · · · · · · · · · · · · · · · · · ·		FL 85 2	rp Code	1
or registered familiar with	the provisions of Section diagent, or both, in the and accept the obligation are the obligations.	ons 607,0502 and 607 State of Florida Such bons of, Section 607.0	change was authoriz 505, Florida Statutes ح	rea by the c s.	orporation's	corporation sus board of dir	rectors. Ehereby ac	cept the appointn	e of changing its nant as registere	registered offici d agent. Lam	
12.		ORS.	13.		,	ADDITIONS/CHAN			ORS IN 12	93	
THLE	P	DDA 5	DEFETE	1 1 1	ILE	PRES	DENT	UVEREN	Change	Addition	72/2
NAME STREET ADDRESS	FIGUEREDO, PE 11861 SW 205		•	12 NA		MAN	13.W.	205 ST.			CR2E034 (12/95)
CITY-SI-ZIP	MIAMI FL	,			1.3 STREET ADDRESS						SEC
TITLE			DECETE	2 1 11					☐ Change	Addition	⊣წ
NAME				2.2 NA	ME				<u> </u>		
STREET ADDRESS				2351	REET ADDRESS						
CITY-ST-ZIP				• • • • • • • • • • • • • • • • • • • •	Y-\$1-710						_
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City-ST-ZIP				li li	Y - ST - ZIP	'					
TIBLE		•	DELFTF	4 1 1)					Change	Addition	-
NAME				4.2 NA	ME						1
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CITY-ST-ZIP			Page 1	4 4 C T	y - ST - Z-P						
TITLE			DELETE	5 1 14					Change	Addition	
NAME STREET ADDRESS				5.2 NA							
CITY-ST-ZIP					EEL ADORESS Y-St zip						
TITLE			DELETE	6 1 TH		 		<u></u>	☐ Change	Add-tion	-
NAME				6.2 NA					onargo		
STREET ADDRESS				6351	EET ADDRESS						
CITY - ST - ZIP				6.4 Ci '	7-S1 7IP	1					
14. Tao hereby (certify that the informat	on supplied with this fi	ing is voluntarily furn	shed and c	ces not qua	alify for the ex	xemption stated in	Section 119.07(3)	(k) Florida Statu	des I further	7

I do hereby certify that the information supplied with this fing is voluntarily furnished and does not quarty for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed for on an attrichment with an address.

| GNATURE: | SIGNATURE AND TYPEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Chief | Chapter | Chief | Chapter | Chief | Chief | Chapter | Chief | Chi

SIGNATURE:

Dayton Phone #