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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** 416196 1. Corporation Name

CUBANSHINE FRAME & BODY SHOP, INC.

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90016 043 \*\*\*150.00



Principal Place of Business Mailing Address					T 100314 PIEOS IITAIO BILOT SIONO IDIIU OILI OILI			
170 N.E. 29TH STREET MIAMI FL 33137		170 N.E. 29TH STREET	170 N.E. 29TH STREET Miami Fl 33137					
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	IS SPACE		
					01/08/1973			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·   An	plied For	
2. Principal Place of Business 21		26			59-1431929	<u> </u>	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			<u>_</u>	\$8.75		
22		27			5. Certificate of Status Desired	Fee Re		_
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year I	ntangible		
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		• 1 • • • • • • • • • • • • • • • • • •	10. Name and Address of New Registere	d Agent		
201	UTAL ET MARKANO		8.	1 Name				
	NZALEZ, MARIANO		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	,		
	NORTHEAST 29TH STREET							
MIAI	MI FL 33137		8	3			j	
			84	4 City		85 Zip C	Code	
44-8		00 1 007 4500 51	. 45 5 -		F		ragistared	
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized b	y the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	oi changing its ointment as reg	gistered	
agent Lai	m familiar with, and accept the obliga-	ations of Section 607.0505. Flori	ida Statute	S.	· · · · · · · · · · · · · · · · · · ·			
agon. ra	, ,		·				I	
SIGNATURE					DATE	· .		_
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Age	ent signature required		AND DIRECTO	RS IN 12	(80)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI				d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	11/98)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: I	Registered Age	ent signature required				M (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AND PD GONZALEZ, MARIANO	ent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature required				7
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD GONZALEZ, MARIANO 170 NE 29 STREET	ent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature requirec				R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AT PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137	ent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature required ET ADDRESS ST-ZIP				2E034 /
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD	ent and title if applicable. (NOTE: I  ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent signature required ET ADDRESS ST-ZIP		☐ Change	☐ Addition	2E034 /
SIGNATURE  12. TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature required ET ADDRESS ST-ZIP		☐ Change	☐ Addition	2E034 (
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature required ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	☐ Addition	2E034 /
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	ent signature required ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	☐ Addition	2E034 /
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY-	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition	2E034 /
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE 22 NAME 23 STREI 2.4 CITY- 3.1 TITLE 32 NAME	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition	2E034 (
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE 22 NAME 23 STREI 2.4 CITY- 3.1 TITLE 32 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	Addition Addition	2E034 (
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE 22 NAME 2.3 STREI 3.1 TITLE 32 NAME 3.3 STREI	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	Addition	2E034 (
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE 22 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREI 34. CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition Addition	2E034 (
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  , STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.2 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition Addition	2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  , STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  , STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: I ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE 22 NAME 2.3 STREI 3.1 TITLE 32 NAME 3.3 STREI 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY-	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.2 STREI 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.1 TITLE	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition Addition	2E034 (
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: I ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 21 TITLE 22 NAME 23 STREI 3.1 TITLE 32 NAME 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: I ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 21 TITLE 22 NAME 23 STREI 32 NAME 33 STREI 4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4. CITY- 5.1 TITLE 52 NAME 6.3 STREI 6.3 STR	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	not and title if applicable. (NOTE: IND DIRECTORS)  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 3.1 TITLE 3.2 NAME 3.3 STREI 4.2 NAME 4.3 STREI 4.2 NAME 4.3 STREI 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 5.1 TITLE 5.4 CITY- 5.4 CITY- 5.4 CITY-	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	2E034 (
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  TITLE	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	ent and title if applicable. (NOTE: I ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 21 TITLE 22 NAME 23 STREI 32 NAME 33 STREI 34 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 6.3 STREI 6.1 TITLE 6.1 TITLE 6.1 TITLE	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition	2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PD GONZALEZ, MARIANO 170 NE 29 STREET MIAMI FL 33137 STD GONZALEZ, ISABEL 170 NE 29 STREET	not and title if applicable. (NOTE: IND DIRECTORS)  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE 22 NAME 23 STREI 32 NAME 33 STREI 4.2 TITLE 4.2 NAME 4.3 STREI 4.5 TITLE 52 NAME 5.1 TITLE 52 NAME 63 STREI 62 NAME 63 NAME 64 CITY- 65 TITLE 62 NAME	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	2E034 /

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, with all other like empowered.

**SIGNATURE:** 

SIGNING OFFICER OF DIRECTOR