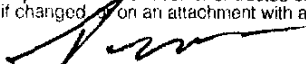


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. McMan Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 580815 (9)					
1. Corporation Name MAKRO REPAIRS CORP.					
Principal Place of Business 9475 N.W. 89 AVENUE P O BOX 2372/MIAMI, FL 33143 MIAMI FL 33178			Mailing Address 9475 N.W. 89 AVENUE P O BOX 2372/MIAMI, FL 33143 MIAMI FL 33178-1403		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/31/1978 3a. Date of Last Report 04/18/1996	
4. FEI Number 59-1839831		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No					
9. Name and Address of Current Registered Agent VARA, A D 9575 NW 89 AVENUE MEDLEY FL 33178			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 of the registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P ☐ DELETE NAME VARA, A D STREET ADDRESS 9475 NW 89TH AVE. CITY- ST- ZIP MEDLEY FL			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
TITLE T ☐ DELETE NAME VARA, G E STREET ADDRESS 9475 NW 89TH AVE. CITY- ST- ZIP MEDLEY FL			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS 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 Date Daytime Phone #					



CR2E034 (9/96)

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