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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06430

(5)

CLOVERLEAF AUTO SERVICE CENTER, INC.

FILED Apr 30 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address										
17410 NW SECOND AVE MIAMI FL 93169		17410 NW SECOND AVE MIAMI FL 33169-5036								
						3. Date Incorporated or Qualified 11/14/1980	3a. Date 04/30		Report	
2. Principal Place of Business 2a. Mailing Address 26			S			4. FEI Number 59-2043969			pplied For lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CO 75 AUSS			
22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27				5. Certificate of Status Desired			equired	
City & Stat	θ	·	City & State			6. Election Campaign Financing				
Zip			untry	, — — .	Trust Fund Contribution			to Fees		
24	25	29	30	cirin y		8. This corporation has liability for in Florida Statutes	tangible tar Yes 🔲	k under : No	s. 199.032,	
	9. Name and Address of Curre			T		10. Name and Address of New Reg				
SAN	ITANA, GUILLERMO			81	Name					
174	10 NW 2ND AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)			
MIA	MI FL 33169						-,			
				83						
				84	City		_, [85 Zip	Code	
44 Purcuant	to the provisions of Sactions 607.00	.02 and 607 1609 Florida	Ctatutas the	1	2 520254 50	rporation submits this statement for the pu	FL [
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the obli	le of Horida. Such change gations of, Section 607.050	was authorize 05, Florida Sta	ed by	the corpora	ation's board of directors. I hereby accept	the appoin	tment as	registered	
SIGNATURE		·····								
12.	Signature, typed or printed name of registered at OFFICERS At	gent and title it approable. ND DIRECTORS	(NO1L. Register	ed Age	nt signature requ	uited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTO	DC (N. 10	
TITLE	PĎ	D. DELET		IILE		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	SANTANA, GUILLERMO			IAME			•	, onange		
STREET ADDRESS	290 174 ST., #1002		1.3 5	STREET	ADDRESS					
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		1.4 (:ITY · S	1 - ZIP					
TITLE	SD DELETE 2.110		MLE				Change	Addition		
NAME	SANTANA, ARTURO	/ \	2.2 N	IAME						
STREET ADDRESS	290 174 ST., #1002		233	TREFT	ADDRESS					
CITY-ST-ZIP	N. MIAMI BCH. FL 33160				51 - ZIP					
TITLE NAME		DELET					L	Change	Addition	
STREET ADDRESS			3.2 N		LEADEON					
CITY-ST-ZIP					ADDRESS					
TITLE		DELET			51 - ZIP			Change	Addition	
NAME				VAME			ha.i	,yo		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			1	11Y - S						
TITLE		DELET						Change	Addition	
NAME			52 N	JMA						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				11 Y - S	T-ZIP					
TITLE		☐ DELE1			Ì			Change	Addition	
NAME			62 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	and the state of t		640	ITY-S	I-ZIP			· · · · · · · · · · · · · · · · · · ·		

4. I do nereby 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 trusted 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.