SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F23110

(2)

FILED Sep 16 1997 8:00am Secretary of State

TI CHOU AUTO SERVICE, INC.	-			
Principal Place of Business	Mailing Address			aan arbit atan alam 1611 2126; atbit 1491
6225 N E 2ND AVENUE 6225 N E 2ND AVENUE MIAMI FL 33138-6002 MIAMI FL 33138-6002			DO NOT WAI	TE IN THIS SPACE
			3. Date Incorporated or Qualified	
			02/18/1981	08/02/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2068152	Not Appl cable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has	
24 25 9, Name and Address of Currel	29 nt Pagistared Agent	30	Personal Property Tax due Ju 10. Name and Address of New I	
BRISSON, JACQUES	III Hadistelen Adalit	81 Name	A 4.4	Johnsteiler Whellt
935 NORTHEAST 146TH STREET SUITE 615 NORTH MIAMI FL 33161		82 Street Add 7725	2 // MT tress (P. Q. Box Number is Not Accept 2 C / KING FIELD LY	KE DRIVE
WOMIT MINIMITE COTO		84 City	E WORTH	FL 85 2 10 COPE 1
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	e of Florida. Such change was	utes, the above-named cor authorized by the corpora	poration submits this statement for the	purpose of changing its registered
agent. I am familiar with, and accept the oblig				
Signature, typed or reinted name of registered ap 12. OFFICERS AN	ent and title il implication (NO ID DIRECTORS	316 Registered Agent signature requirements.		DATE FICERS AND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE	ADDITIONAL PROPERTY	Change Addition
NAME BRISSON, JACQUES			^ *.	4
STREET ADDRESS 935 NORTHEAST 146 STREET		1.3 STREET ADDRESS 7	752 SPRINGFIELD	LAKE DRIVE
CITY-ST-ZIP NORTH MIAMI FL		1.4 CITY-ST-ZIP	752 SPRINGFIELD AKG UDRTH, FLORID	A 33467
TITLE	DELETE	2.1 TITLE	t	Charige Addition
NAME .		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP	Dotter	2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	Joseph Control	4. 2 NAME		Sindrigo Emil Montholi
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 ТП LE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS				
STREET ADUMESS		6.3 STREET ADDRESS		

t 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.

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