

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F37547** (9)

1. Corporation Name

ALL STATE PAINT & BODY SHOP, INC.

Principal Place of Business

**470 N.W. 5TH STREET
MIAMI FL 33128**

Mailing Address

**470 N.W. 5TH STREET
MIAMI FL 33128**



3. Date Incorporated or Qualified
06/12/1981

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

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City & State

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Zip

Country

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Zip

Country

24

9. Name and Address of Current Registered Agent

**VELEZ, JUAN G
1121 S.W. 122ND AVENUE, APT. 403
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name

JOSE GUGLIATTO

82 Street Address (P.O. Box Number is Not Acceptable)

470 NW 5 ST

83

84 City

MIAMI

FL

85 Zip Code

33128

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

JOSE GUGLIATTO - PRESIDENT

(NOTE: Registered agent signature required when reinstating.)

4-27-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
VELEZ, JUAN G
1121 S.W. 122 AVE., #403
MIAMI FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
VELEZ, SARA
1121 S.W. 122 AVE., #403
MIAMI FL**

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TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

JOSE GUGLIATTO

1.3 STREET ADDRESS

470 NW 5 ST

1.4 CITY - ST - ZIP

MIAMI, FL 33128

2.1 TITLE

SD

2.2 NAME

JOSE GUGLIATTO

2.3 STREET ADDRESS

470 NW 5 ST

2.4 CITY - ST - ZIP

MIAMI, FL 33128

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JOSE GUGLIATTO**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

305-258-5411

CR2E034 (12/95)