

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G39138** (4)

1. Corporation Name

FRANKOMAR AUTO REPAIR, INC.



Principal Place of Business

Mailing Address

% FRANK O. FAGUNDO
4244 S.W. 74TH AVE.
MIAMI FL 33155

% FRANK O. FAGUNDO
4244 S.W. 74TH AVE.
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

State, Apt., #, etc.

State, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/26/1983

03/13/1995

4. FET Number

Applied For

59-2285595

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAGUNDO, FRANK O.
4244 S.W. 74TH AVE.
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1008, 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 607.1009, Florida Statutes.

SIGNATURE

Signature of the person who is to be the registered agent

Signature of the Agent designated as registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PST FAGUNDO, FRANK O.	<input type="checkbox"/> DELETE
2. STREET ADDRESS	1509 MANTUA AVE.	
3. CITY, STATE, ZIP	CORAL GABLES FL	
4. TITLE	D	<input type="checkbox"/> DELETE
5. NAME	FAGUNDO, FRANK O.	
6. STREET ADDRESS	1509 MANTUA AVE.	
7. CITY, STATE, ZIP	CORAL GABLES FL	
8. TITLE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY, STATE, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY, STATE, ZIP		
16. TITLE		<input type="checkbox"/> DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY, STATE, ZIP		
20. TITLE		<input type="checkbox"/> DELETE

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I do hereby certify that the information submitted 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 report and/or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager 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 of this report or a supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)