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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

ALVAREZ CAR CARE CENTER CORP.

**FILED** May 01 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						- 1 100 till gall falli iddil iddil iddil (dali )	BIBM BIBN BI	TII BIAN B	ien Bibii iadi		
1101 N.W. 42ND AVENUE 1101 N.W. 42ND AVENUE MIAMI FL 33126						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 01/17/1984					
2. Principal P	2a. Mailing Address	ailing Address			4, FEI Number		Applied For				
21		26				59-2362863		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	_ \$	\$8.75 Additional Fee Required			
City & State	e	City & State	<del></del> 1			6. Election Campaign Financing Trust Fund Contribution	 -	\$5.00 Added I	May Be		
Zip	Country	28 Zip	Cou	ntry							
24	25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
124	9. Name and Address of Cur		1001			10. Name and Address of New Regist					
	LVAREZ, PEDRO			81	Name						
1	101 NW 42ND AVENUE IIAMI FL 33126			82	Street Addre	ess (P.O. Box Number is Not Acceptable)					
M	IJAMI PL 33126			83			··				
			1	84	City		FI 8	5 Zip (	Code		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes, the at	ove by	a-named corporation	oration submits this statement for the purp	ose of cha	I Inging it ment as	s registered		
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. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registeres	Jagont and little if applicable (NO	nt signature require	ed when reinstating)	DATE						
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DI	RECTOR	S IN 12		
TITLE	PD	DELETE	1.1 717	LE				Change	☐ Addition		
NAME	alvarez, pedro		1.2 NA	ME	i				[:		
STREET ADDRESS	1101 NW 42ND AVENUE		1.3 ST	1.3 STREET ADDRES							
CITY-ST-ZIP	MIAMI FL		1.4 Ct		T-ZIP						
TITLE	SD	☐ DELETE	2.1 [1]				L	Change	Addition		
NAME	ALVAREZ, HILDA		2.2 NA		1				į		
STREET ADDRESS	1101 NW 42NO AVENUE		2.3 ST	REET	ADDRESS						
CITY - ST - ZIP	MIAMI FL		2. 4 CI		ST - ZIP						
THTLE	VD	☐ DELETE	3.1 1(1				Ц	Change	Addition		
NAME	· · · · · · · · · · · · · · · · · · ·		3.2 NA								
STREET ADDRESS	1101 NW 42ND AVENUE				ADDRESS						
CITY-ST-ZIP	MIAMI FL	T nevere	3.4. CI		IT-ZIP		<del></del>	Charte	- Addition (1)		
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NAME			4 2 N								
STREET ADORESS					ADDRESS						
CITY+ST-ZIP TITLE		DELETE	44 CI		1 - ZIP		— п	Change	Addition		
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NAME CIRCET ADDRESS			5.2 NA		4DDDCCC						
STREET ADORESS				5.3 STREET ADDRESS							
CITY-ST-ZIP		[ ] DELETE		5.4 CITY - ST - ZIP 6.1 TITLE				Change	Addition		
NAME		La becel	6.2 NA		[			minniffe.			
į l			1		AUDDECC						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 CI	1Y-S1	1-219						

I 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 eath; 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:** 

305-6495685