2	
ğ	ì
Ξ	
Ξ	,
5	t
٤	
Ų	
٤	۲
č	3
_	

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1999 DOCUMENT # G98015 99 JUN 25 PH 1:55 SECRETARY OF STATE TALLAHASSEE FLORIDA AUTO CLASSIC PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address 7304 SW 42nd Street 7304 SW 42nd Street Miami, FL 33155 Miami, FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed April 11, 1984 2. Principal Place of Business 2a. Mailing Address FEI Number 59-2411249 Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zın Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 25 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Jose Fadul Joel DeFabio, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce De Leon, #430 Coral Gables, FL 33134 83 84 City Zig 59925 Miami, 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. e God SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/S/T/D me of registered agent and tyle if applicable egistered Agent signature 12. OFFICERS AND DIRECTORS 13. P/D XX DELETE K | Addition TITLE 1 1 TITLE Israel Monteagudo Jose Fadul 12 NAME NAME 2409 NW 9th Street 7304 SW 42nd Street 1.3 STREET ADDRESS STREET ADDRESS Miami, FL 33125 Miami, FL 33155 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 800002925558----07/07/99--01080--003 NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS ****300.00 ****300.00 [] Change [] Additio 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE [] Change ☐ Addition TITLE 4.2 NAME NAME A 3 STREET ADORESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. 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 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, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

64 City-ST-ZIP

6.1 TITLE

62 NAME

[] DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-99 Date

☐ Change

[] Addition