FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H68719** **(4)**

1. Corporation Name

BF AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
~~7007 SW 46 ST.~~ ~~MIAMI FL 33155~~ US	~~7007 SW 46 ST.~~ ~~MIAMI FL 33155~~ US (New address) 7130 SW 44 Street MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1985	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2562797	☐ Applied For ☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 B.F. Auto Repair, Inc.	26 7130 SW 44 Street
Suite, Apt. #, etc. 22 7130 SW 44 Street	Suite, Apt. #, etc. 27 MIAMI, FL
City & State 23 MIAMI, FL	City & State 28 33155
Zip 24 33155 County 25 Dade	Zip 29 33155 County 30 Dade

9. Name and Address of Current Registered Agent

FORRAY, BELA
9371 S.W. 69TH ST.
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City **FL**	85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	FORRAY, BELA	12 NAME	FORRAY, Bela
STREET ADDRESS	~~7007 S.W. 46TH ST.~~	13 STREET ADDRESS	7130 S.W. 44 Street
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	FORRAY, MARIA	22 NAME	FORRAY, MARIA
STREET ADDRESS	~~7007 SW. 46 ST.~~	23 STREET ADDRESS	7130 SW 44 Street
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33155
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: X Maria D. Forray - Vice-President 4/21/95 305-663-0577
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0100084 CP