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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09555

(9)

H & C VOLVO REPAIR SERVICE, INC.

FILED
Jan 16 1997 8:00am
Secretary of State

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			Ш					H

Principal Place	Of Dusmess	ivialling Address					
C/O GARLOS C 2393 S.W. 67 A MIAMI FL 33155	YENUE	C/O CARLOS CAI 2393 S.W. 67 AVE MIAMI FL 33155-1	NUE				
			-·•		3. Date Incorporated or Qualified 12/28/1987	3a. Date of Last Re 05/14/1996	port
· · · · · ·	ace of Business	2a. Mailing Addre	ess		4. FEI Number	App	lied For
21		26			65-0021365		Applicable
Suite, Apt #		Suite, Apt. #,	etc.		5. Certificate of Status Desired	S8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for		199.032,
24	25	29	30			Yes VNo	
*****	9, Name and Address of Curr	rent Registered Agent		B1 Name	10. Name and Address of New Re	gistered Agent	
	ASI, CARLOS		ľ	B1 Name			
	S.W. 67 AVENUE		<u> </u>	82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
MAM	II FL 33155			0.0		······································	
				83			
			ļ.	B4 City		85 Zip C	ode
						FL	
11. Pursuant to	o the provisions of Sections 607 0	0502 and 607, 1508, Florid	la Statutes, the ab	ove-named co	rporation submits this statement for the p	urpose of changing its	registered
agent. Lan	n familiar with, and accept the ob	ligations of, Section 607.0	0505, Florida Stati	ites.	ation's board of directors. I hereby accept	ot the appointment as i	cyisioreu
SIGNATURE							
	Signature traved or protection with registered			Agent signature req	uired when re-ristating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THTLE	PD	↓ DE	LETE 11項	.E		L Change	☐ Addition
NAME	CANASI, CARLOS		1.2 NAI	ME .			
STREET ADDRESS	2393 S.W. 67 AVE.		13 ST	EET ADDRESS			
CITY - \$1 - 70P	MIAMI FL			Y · ST - ZIP			
TITLE		☐ DE	LETE 21 TIT	.E		☐ Change	Addition
NAME			2.2 NAI	ИE			
STREET ADDRESS			23 ST	EET ADDRESS			
CITY-ST-ZIP			2 4 CI	Y-ST-ZIP			
TITLE		☐ DE				Change	Addition
NAME			3.2 NA	NE .			
STREET ADDRESS			3.3 SH	EET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
TITLE		DE				☐ Change	Addition
NAME			4 2 NA			<u> </u>	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP							
THUE		DE		Y-ST-ZIP		☐ Change	Addition
NAME		F D.C	5.2 NA			Ondrigo	- recontor
STREET ADDRESS			1	REET ADDRESS			
City-St-ZiP		Пог		Y - ST - ZIP		[] AL	1 4 4 3 22
TITLE		□ OE				Change	Addition
NAME			6.2 NA				
STREET ADDRESS			6.3 STF	EET ADDRESS			
City-St-7iP			6.4 CIT	Y-ST-ZIP			

14. I do 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 support or support 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/57 305-266-3730