

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Merham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K31496

(8)

1. Corporation Name

ALLEN'S AUTO SERVICE INC.



Principal Place of Business

18715 SW 104 AVENUE
MIAMI FL 33157

Mailing Address

18715 SW 104 AVENUE
MIAMI FL 33157

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WILLIAMS, LESLIE
4425 SW 94 AVE
MIAMI FL 33165

3. Date Incorporated or Qualified

08/22/1988

3a. Date of Last Report

05/01/1995

4. FET Number

65-0067176

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

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 607.011 and 607.012, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.011(2), Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

2 NAME

3 STREET ADDRESS

4 CITY-STATE-ZIP

5 TITLE

6 NAME

7 STREET ADDRESS

8 CITY-STATE-ZIP

9 TITLE

10 NAME

11 STREET ADDRESS

12 CITY-STATE-ZIP

13 TITLE

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

SIGNATURE:

James Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

305-333-7651

CR2E034 (12/95)