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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K37431

(9)

JAPANESE CAR CARE SPECIALISTS, INC.

Principa' Place of Business Mailing Address 2901 SW 72 AVENUE % CARLOS NUNEZ 2901 SW 72 AVE 2901 SW 72 AVE MIAMI FL 33155-2814 US				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/07/1988	04/10/1996
	Place of Business	2a. Mailing Address		4. FEI Number 65-0122191	Applied For
21 Suite, Apt	1 # etc	Suite, Apt. #, etc.	***************************************	0070122181	Not Applicable \$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
	INEZ, DENISE		81 Name	,	
	01 SW 72 AVE AMI FL 33175		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
mir	AMI I E 00170		83		
			84 City		85 Zip Code
			O4 City		FL 85 Zip Code
SIGNATURE	Signature typed or printed having of registered a OFFICERS A	AND DIRECTORS	DTE: Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	
HILE	DP NUNEZ, CARLOS	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	AGOA CHU ZONID AVENILIE		1.2 NAME 1.3 STREET ADDRESS		,
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		Change Addition
NAME	NUNEZ, DENISE 2901 SW 72 AVENUE		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS 2. 4 CHY+ST-ZIP		
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	S		3.3 STREET ADDRESS		
CITY-ST-ZiP		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		La piccit	2 NAME		Carried Carried
STREET ADDRESS	S		3 STREET ADDRESS		
CHY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	TITLE		Change Addition
NAME STORES ASSOCIATE			NAME		
STREET AUDRESS CITY - S1 - ZIP			3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		•
STREET ADDRESS	s		6.3 STREET ADDRESS		
DITY-ST-ZIP			6.4 CITY-ST-ZIP		
STREET ADDRESS DITY-ST-ZIP 14. I do her informat I am an	eby certify that the information supplition indicated on this annual report of	ir supplemental annual report is or the receiver or trustee empo	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP alify for the exemption state is true and accurate and the owered to execute this repx	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida S	Leffect as if made under