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

PROFIT
 CORPORATION
 ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K40193

BACALLAO AUTO REPAIR INC.

(0)

Mailing Address

**FILED** 

Apr 21 1997 8:00am

Secretary of State

10830 BW 1436 MIAMI FL 3318		10830 SW 143RD COURT MIAMI FL 33186-3077									
							Date Incorporated or Qualified 10/17/1988	3a. Da 05/	1e of L 01/1		port
2. Principal Pl. 21	ace of Business	28. Mailing Address 26			4. FEI Number 65-0158230				Applied For Not Applicable		
Suite, Apt. (	W. etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour	ntry			This corporation has liability for i	ntangible Yes	tax ur No	nder s.	199.032,
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Re	gistered A	gent		
	ALLAO, ALBERTO J.			61	Name						
	30 <b>S</b> W 143RD COURT MI <b>FL</b> 33186			62	Street Addre	ess (P	O. Box Number is Not Acceptab	le)			
				83							
				84	City			FL	85	Zip (	Code
agent. I ar SIGNATURE	o the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 607.0505, F	Iorida Stati	ites	3.				chan ointme	ging it ent as	s registered registered
12.	Signature, typed or printed name of registered age OFFICERS ANI		O1E: Registered	Age	ont signature require		reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRE	CTOR	S IN 12
TITLE	PD	DELETE	1,1 1)(	i.F			ADDITIONS/GITANGES TO CITTO	Crio rato			Addition
NAME	BACALLAO, ALBERTO J.		1.2 NA								
STREET ADDRESS	10830 SW 143RD COURT		1.3 \$16	REET	ADORESS						
CITY-ST-ZIP	MIAMI FL		1.4 Cil	Y - S1	1-2P					No. of Balance	
TITLE	STD	☐ DELETE	2.1 10	LF					L] CI	hange	Addition
NAME	BACALLAO, ELSA		2.2 NA								
STREET ADDRESS	10830 SW 143RD COURT MIAMI FL		1		ADDRESS						
CITY-ST-ZIP TITLE	MANUTE.	DELETE	2 4 CI		51 - ZIP		and an area of the transfer and the second s		□ ci	hande	Addition
NAME			3.2 NA								
STREET ADORESS					ADDRESS						
CITY-ST-ZIP		• •	3.4. Ci	IY-S	ST - ZIP						
TITLE		DELETE	4.1 Till	LE						hange	Addition
NAME	•		4. 2 NA	ME	-						
STREET ADDRESS	÷		4.3 STI	REET	ADDRESS						
CITY-ST-ZIP		Persis	4.4 CIT		JI - ZIP				По		Addition
TITLE		DELETE	5.130				•		∐ c	กสาเยีย	Addition
NAME PARCE ADDRESS			5.2 NA		1 4000E64						
STREET ADDRESS CITY-ST-ZIP			5.3 STI 5.4 CIT		ADDRESS						
TITLE		DELETE	6.1 111		11 - 411				□ c	hange	Addition
NAME			6.2 NA							•	
STREET ADDRESS			i i		ADDRESS						
City, St. 2ip					\$1.7(P						

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

ALBERTA RACAllan Allela