Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90033 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K47104

AUTO PAINTING U.S.A. BODY REPAIR CENTERS INC. OF

KENDAL	T					
Principal P ace	e of Business	Mailing Address			FOFF GADIA OF DAR DED	ist mant som
8780 SW 132 S	т	13015 SW 89 PL				
MIAMI FL 33176		SUITE #111			00405	
		MIAMI FL 33176 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
		03		11/18/1988		
s. Original Di	lace of Business	2a, Mailing Address		4. FEI Number	April	lied For
2. Philipai Fi	Same	26 Same	Q.	65-0083409	<u> </u>	Applicable
Suite, Act.		Suite, Apt. #, etc.			\$8.75 As	ditional
22		27		5. Certificate of Status Desired	Fee Req	uired
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	nay Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Cour try	Zip	Country	8. This corporation owes the current year Int	tangible	No
24	25		30	Persor al Property Tax.		VAINO
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers d	Agent	
DIAZ	, JUAN CARLOS		Guil	LERHO VALENZUELA		
8780 SW 132 ST			82 Street Acc	dress (P.O. Bo) Number is Not Acceptable)		
	/II FL 33176		83	55.6. 134 11		
					- 	
			84 City M	Ami FL		.1 (6
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its re intment as req	egistered stered
agent. a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.		1.00	
	_ \Mi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
SIGNATURE	- 10/6/15/16/2	C (GWILLERACI)) resugent 4/21	117	
	Signature, typed of printed name of registered age	ent and title if applicable. (NOT :: R	Registered Agent signature requir	red when reinstating) DATE	ID DIRECTOR	
12.	OFFICERS AI	ent and title if applicable. (NOT :: R ND DIRECTORS	Registered Agent signature requi	fed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS. AN	ND DIRECTOF	S IN 12
12.	OFFICERS AI	ent and title if applicable. (NOT :: R	Registered Agent signature requil 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS.AMP PVPD	ND DIRECTOF	
12. TITLE NAME	OFFICERS AI PVPD- DIAZ, JAUN-CARLOS	ent and title if applicable. (NOT :: R ND DIRECTORS	Registered Agent signature requil 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS.AMP PVPD	ND DIRECTOF	
12. TITLE NAME STREET ADDRESS	OFFICERS AI PVPD- DIAZ, JAUN-CARLOS 8780-SW-132-ST	ent and title if applicable. (NOT :: R ND DIRECTORS	Registered Agent signature requil 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS. IN PVPD VALENZUELA, GUILLERNO 3780 S.W. 132 St.	ND DIRECTOR	
12. TITLE NAME	OFFICERS AI PVPD- DIAZ, JAUN-CARLOS	ent and title if applicable. (NOT :: R ND DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS IN PVPD VALENZUELA, GUILLERNO 3780 S.W. 132 St.	ND DIRECTOF Change	
12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	OFFICERS AI PVPD- DIAZ, JAUN-GARLOS 8780-SW-132-ST MIAMI-FL-33176	and trile if applicable. (NOT :: R N() DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS. IN PVPD VALENZUELA, GUILLERNO 3780 S.W. 132 St.	™ Change	Addition
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14. 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 supplemental ε innual 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 εxecute 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 attach nent with an address, with a lightness that I am an officer or director of the corporation or the receiver or trustee empowered to εxecute 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 attach nent with an address, with a lightness that I am an officer or director of the corporation or the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

305) 255-2427