Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90114 018 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	VIEIVI # K6394	6								
1. Corporation Name M.G. AUTO REPAIRS INC.								D. G. D. G. L. G. G. C.	B1642 61611 E1EH E	
Principal P ace of Business Mailing Address						-	<b>                                    </b>	BIBIN DIKI SIBII	OTOTA AISTE BIREL O	(Ali Bibi) (Bat
10101 S.W. 42M	ND ST	10101 S.W. 42ND ST								
MIAMI FL 33165 MIAMI FL 33165							DO NOT WE	SITE IN TER	C CDACE	
						3 Date II	icorporated or Qualife		3 SFACE	
							7/1989	o .		
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For			lied For	
21	acc of Basilless	26				65-0113403 Not Applie			t Applicable	
Suite, Act.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional				
22		27				Fee Recuired				
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust F und Contribution Added to Fees				
、Zip	Cour try	Zip	Cour	шу		I	orporation owes the cur al Property Tax.	rrent year	ntangible Yes	K)No
24	9. Name and Address of Curr	[29]	30				and Address of New	Registered		12.10
	5. Haille allo Address of Coll	Telli Registered Agent		81	Name			<b>_</b>	······	
	RIDO, MARIO		-	03	04	(D.O. De	Number is Not Accep			
	I E. 10TH AVE		82 Street Ac			ress (P.O. Bo)	Number is Not Accep	nable)		
HIAL	EAH FL 33013		ľ	83						
				84	City				85 Zip C	arde
			1	Ţ	•			<u>F</u> !	L	
11. Pursuant	to the provisions of Scctions 607.0 egistered agent, or bo h, in the Sta	0502 and 607.1508, Florida St	latutes, the ab	ove-	named corp	poration submi	is this statement for the	e purpose :	of changing its	r agistered
office crr agent. a	egistered agent, or boin, in the Sta m familiar with, and accept the obli	ite of Florida. Such change wi igations of, Section 607.0505,	as authorized , Florida Statu	tes.	ne corpora u	ion's board or	t liettors. Thereby acc	ebt the app	Sindinent as rog	9.010.00
SIGNATURE										
	Signature, typed or printed na ne of registered a	1.		Agent	signature require	ed when reinstating	(INS/CHANGES TO C	DATE	ND DIRECTO	ES IN 12
TITLE	PD	ANE DIRECTORS	13.	F		ADDITI	CIVO/OTIANOES TO C	i i iocado i	Change	Addition
	GARRIDO, MARIO		12 NAI							
NAME STREET ADDRESS	10101 S.W. 42ND ST				ADDRESS					
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP						
TITLE	STD	☐ DELETE		2.1 TITLE					Change	☐ Addition
NAME	GARRIDO, MAGDA		2.2 NA	2.2 NAME						
STREET ADDRESS	ADADA DIN ADNID OT		2.3 STF	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	ry-st	- ZIP					
TITLE		☐ DELET	3.1 TIT	3.1 TITLE					Change	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIF						Addition
TITLE		☐ DELETI		4.1 TITLE					Change	Addition
NAME			4. 2 NA							}
STREET ADDRESS					ADORESS					
CITY-ST-ZIP		☐ DELETI		5.1 TITLE				<del></del> _	Change	Addition
TITLE		_ JEEE 11	5.1 NA							_
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			54 CIT							
TITLE		☐ DELETI		_					Change	Addition
NAME			6.2 NA	ME.						

CITY-ST-ZIP 14. I 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 annual 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 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, with all other like empowered. on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS