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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: U



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

WALKYRIAM. HERRERA + 4/3/96 30x634-7035 SOFFICER OF DIRECTOR

1996

(2)

DOCUMENT #

1. Corporation Name MIAMI PAINT & BODY SHOP CORP.

| | · · | Mailing A | Adrees | | | | | 0§1 0 1010 11111 | I DIŞIN BIBIN D | (B)0 B1831 (881 |
|--|--|--|------------------------|---|---|---|-----------|-------------------------|-------------------------------|--|
| #minipal Place of Business Mailing Address ## WALKYRIA HERRERA ## WALKYRIA HERRE 3423 NW 36TH STREET 3423 NW 36TH STRI | | | | | | | | | | |
| | | | NW 36TH STREET | | | | | | | |
| MIAMI FL 33142 | | MIAMI | MIAMI FL 33142 | | | 3. Date incorporated or Quali 02/17/1989 | lified | | of Last Rep /21/199 | |
| Principal Place | of Business | 2a, Mailie | ng Address | | | 4. FEI Number | | | L | oplied For |
| T TIMORPAL T 1800 | | 26 | | | | 65-0142227 | | | | ot Applicable |
| Suite, Apt. #, et | tc. | Suite | e, Apt. #, etc. | | | 5. Certificate of Status Desire | ed | D D | | Additional equired |
| | | 27 | 201 | | | 6. Election Campaign Finance | rino 4 | / | | May Be |
| City & State | | | & State | | | Trust Fund Contribution | | | | to Fees |
| 7 | Country | 28 Zip | | Countr | | 8. This corporation has liabili | ity or in | tangible ta | x under s | 199.032, |
| Zip | 25 | 29 | | 30 | | Florida Statutes | | □No | | |
| | 9. Name and Address of Curi | | Agent | | | 10. Name and Address of N | New Re | gistered / | Agent | |
| | | | | 81 | | | | | | |
| HERRERA. | WALKYRIA | | | 82 | Street Addr | ress (P.O. Box Number is Not Acc | ceptable |) | | |
| 3423 NW 36TH STREET | | | | | | | | | | |
| MIAMI FL (| 33142 | | | 83 | 3 | | | | | |
| | | | | 84 | City | | | FL | 85 Zip | Code |
| | | | | | | ration submits this statement for t | the num | ose of cha | noina its re | aistered offic |
| or registered | he provisions of Sections 607.09 agent, or both, in the State of F | Section 607,0505 | i, Florida Statutes. | i. | | | | | | |
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