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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89690

Mailing Address

ROIG AUTO SERVICE, INC.

Principal Place of Business

STREET ADDRESS

CPY-SI-ZP

May 02 Secreta				m
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				-
Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 05/01/1996			
FEI Number 65-0137475	, , , , ,	Ap	plied For t Applicable	1
Certificate of Status Desired	□ \$		Additional	
Election Campaign Financing Trust Fund Contribution			May Be	
This corporation has liability for in Florida Statutes		under s.		
). Name and Address of New Reg	istered Ager	it		1
(P.O. Box Number is Not Acceptable	θ)			
	FL 8	Zip (Code	
ion submits this statement for the pu board of directors. I hereby accept	rpose of cha the appointr	nging it nent as	s registered registered	
en reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOR Change	IS IN 12	2E034 (9/96)
				2E03

995 HIALEAH DR. 995 HIALEAH DR. HIALEAH FL 33010 HIALEAH FL 33010-5550 3 2. Principal Piace of Business 2a. Mailing Address 26 Suite, Apt. #r, etc. Suite, Apt. #, etc. 27 22 City & State City & State 23 28 $Z\psi$ Country $Z\Phi$ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10 81 Name ROIG, JUAN M. 9001 S.W. 17TH ST. Street Address **MIAMI FL 33165** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporati office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required wh 12. OFFICERS AND DIRECTORS 13. PD DELETE 1.1 TELE THILE ROIG, JUAN M NAME 1.2 NAME 9001 S.W. 17TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** 1.4 CITY - ST-ZIP CITY - ST - ZIP SD DELETE Change Addition TITLE 21 TITLE ROIG, JORGE L 2.2 NAME NAME 9001 S.W. 17TH ST. STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33165 2 4 CITY-ST-ZIP CITY - \$1 - 701 DELETE 3.1 TITLE ☐ Change ___ Addition 1 ILF 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-51-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition THLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STHEET ACCRESS 4.4 CITY-ST-ZIP C(Fy - ST - 7)P DELETE Change Addition TPTE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST 70° DELETE 6.1 TITLE Change Addition Tille 6.2 NAME NAME

14. Loo 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 op Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE