

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07892 (7)

1. Corporation Name

KENDALL SWEDISH CAR REPAIR, INC.

Principal Place of Business

Mailing Address

**C/O FRANK MARCHETTI
12398 SW 128TH STREET, BAY 12
MIAMI FL 33186**

**C/O FRANK MARCHETTI
12398 SW 128TH STREET, BAY 12
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1989

3a. Date of Last Report
02/21/1994

4. FEI Number
65-0136493

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **12460 SW 128 ST**

26

22 State Apt # etc

27 State Apt # etc

23 City & State

28 City & State

24 **MIAMI FL**

29

25 **DADE**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCHETTI, FRANK
12398 SW 128TH STREET
BAY 12
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.150A, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and agree to the provisions of, section 607.150A, Florida Statutes.

SIGNATURE

[Signature]

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. NAME	MARCHETTI, FRANK
3. STREET ADDRESS	12460 SW 128TH ST #1
4. CITY, ST, ZIP	MIAMI FL
5. NAME	D
6. NAME	MORETTI, ALBERT
7. STREET ADDRESS	111 S.W. 26TH RD.
8. CITY, ST, ZIP	MIAMI FL
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered agent or employee of the corporation and I am responsible for making this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer, director, or employee.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Frank Marchetti**

4-26-95

307-235-6844