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PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L40784

HENRY'S AUTO CIRCUIT, INC.

(5)

FILED Mar 17 1997 8:00am Secretary of State

| trained Place of Business | Mailing Address | I 1006(0) U/4 01011 06(1) 16606 ID) 0401 | BIBIL BIBIL BIBIL BIBIL BIBIL BEBIL BEBI | | |
|-----------------------------|--|--|--|--|--|
| OLLYWOOD FL 33023 | 5642 SW 25TH ST HOLLYWOOD FL 33023-4009 | | | | |
| | | 3. Date Incorporated or Qualified 01/05/1990 | 3a. Date of Last Report 05/01/1996 | | |
| Principal Place of Business | 2. Mailing Addross | 4 EEL Number | Applied F | | |

| # | | | 1 11 101 100 | 40,41,1004 | |
|------------------|--|----------------------------------|--|---|---|
| 2. Principal Pla | ice of Business | 2a. Mailing Addres | S | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0173658 | Not Applicable |
| Sulte, Apt. # | , etc. | Suite, Apt. #, c | ic. | 5. Certificate of Status Desire | ed \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Finance Trust Fund Contribution | ing \$5.00 May Be Added to Fees |
| Zip | Country | Zip 29 | Country 30 | 8. This corporation has liabil Florida Statutes | ity for intangible tax under s. 199.032, |
| <u> </u> | 9. Name and Address of Cu | irrent Registered Agent | | 10. Name and Address of N | |
| 5842 | RES, HENRIQUE SW 25TH ST YWOOD FL 33023 | | | Michael Tay dress (P.O. Box Number is Noi Aco | |
| g. | | | 83 84 City / | | 85 Zip Code |
| k i i | | | | OllyWOOD | FL 3302 3 |
| office or reg | gistered agent, or both, in the S familiar with, and accent the | State of Florida. Such change | Statutes, the above-named co was authorized by the corpor 05, Florida Statutes | rporation submits this statement fo ation's board of directors. I hereby | r the purpose of changing its registered accept the appointment as registered 3-17-97 |
| SIGNATURE | | d age it and title if applicable | MCHAEL TAVA (NOTE TRegistered Agent signalure rec | res juice when reinstating) | DATE |
| 12 | OFFICERS | AND DIRECTORS | 13 | ADDITIONS/CHANGES TO | OFFICERS AND DIRECTORS IN 12 |

| office or r agent. La | egistered agent, or both, in the State of Florida, Such change w m tamiliar with, and accent the obligations of, Section 607,0509 | vas authorized by the corp i. Florida Statutes | prporation's board of directors. Thereby accept the appointment as registered |
|--------------------------|--|---|---|
| SIGNATURE | | 4. 4 | ovares Pres, 3-12-97 |
| · | Signature, typed or printed fame of regularical age it and other applicable | (NOTE Tegistered Agent signature | iru required when reinslating) DATE |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| antle | J DELETE | : 1.1 1\TL€ | P TAVARES Change & Addition |
| NAME | TAVARES, HENRIQUE | 1.2 NAME | MICHAEL |
| STREET ADDRESS | 5642 SW 25TH ST | 1.3 STREET ADDRESS | 5644 300 23 = 211 |
| CITY-ST-ZIP | HOLLYWOOD FL | 1.4 CITY - \$1 - ZIP | MICHAEL TAVARES Change MAddition SG42 SW 2574 ST; HOTTYWOOD FL. 33023 |
| TITLE | SI DELETE | 2.1 T(T(F | Change Addition |
| NAME | TAVARIS, ANGELA | 2.2 NAME | |
| STREET ADDRESS | 5642 SW 25 ST | 2.3 STREET ADDRESS | 3 |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY+S1 ZIP | |
| TITLE | DELETE | 3.1 TrTLE | Change Addition |
| NAME | | 3.2 NAMÉ | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY - ST - 7IP | |
| TITLE | DELETE | 4.1 TIBLE | Change Addition |
| NAME | | 4, 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | DELETE | 5 1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY - ST-7IP | |
| TITLE | DELETE | G.1 THILE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| 1 | | • | |

14. I do 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 is rue 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 charded, or in an attractment with an address.

TAVAVAC 2-12-91 904-963:47/2