

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT

1995 6/15/95



13-1937
C
FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 PM 2:21

DOCUMENT # L65251

(5)

1. Corporation Name

BIRD ROAD BODY SHOP CORP.

Principal Place of Business

Mailing Address

% JESUS M. RODRIGUEZ
10895 SW 40TH ST.
MIAMI FL 33165

% JESUS M. RODRIGUEZ
10895 SW 40TH ST.
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0194873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election (Certificate of Incorporation)

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, JESUS M.
10895 SW 40TH ST.
MIAMI FL 33165

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 607.0502 and 607.1508, 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 the appointment as registered 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

(a)(3)(F) Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any, include title, name, address, and date of birth)

TITLE	D
NAME	RODRIGUEZ, JULIO M.
STREET ADDRESS	10895 SW 40TH ST.
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	RODRIGUEZ, JESUS M.
STREET ADDRESS	10895 SW 40TH ST.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY ST ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY ST ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY ST ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY ST ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)