	PROFIT RPORATION UAL REPORT 1996	Sand Secr	PARTMENT OF STATE ra B. Mortham etary of State DE CORPORATIONS		
1. Corporation	MENT # M07640 on Name IO PAINT & BODY 8	SHOP, INC.			
Principal Place of Business C/OBENITO GUZMAN 3801 NW 32 AVE Miami, FL 33142		Mailing Address C/O BENIX 3801 NW 3 Miami, FI	2 AVE	Date Incorporated or Qualified	
		·		11/13/94	3a. Date of Last Report 02/13/95
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		59-2483738	Not Applicable
Suite, Apt		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		Orty & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ .	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Currer	nt Registered Agent	04	10. Name and Address of New R	egistered Agent
GUZM	AN, BENITO		81 Name		
	NW 32 AVB		82 Street Add	dress (P.O. Box Number is Not Acceptab	e)
MIAM	I, FL. 33142		83		
			84 City		FL 85 Zip Code
Pursuant or registe	to the provisions of Sections 607.0502 gred agent, or both, in the State of Flori	r and 607,1503, Florida Statu da, Such change was author	ites, the above named corporation's box	oration submits this statement for the purpard of directors. Thereby accept the appo	pose of changing its registered office
familiar w	ith, and accept the obligations of Sect	ion 607.0505. Florida Statute	S.	and or directors. Thereby accept the appoint	onunent as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered age in	souther to a sur set	MITE. Bug refered Agreed signal increasion	1 T	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
∏11£€	PD	DELETE	1 1 TUFUE		Change Addition
NAME	GUZMAN, BENITO		1.2 NAME		
STREET ADDRESS	2801 NW 32 AVE MIAMI, FL.33142		1.3 STREET ADORESS		
CITY-ST-ZiP	/		1.4 CITY - ST - ZIP		
THTLE 1	STD CUZMAN HANDER	DELETE	1 2 1 TITLE		Change Addition
name Street address	GUZMAN, HAYDEE 3801 NW 32 AVE		2.2 NAME		
CHTY - ST - ZIP	MIAMI, FL. 33142	2	2.3 STREET ADDRESS		
TITLE	MARKET FE. 3314	DÉLETÉ	3 1 111LE		F3 Chagas F3 Addise
NAME			3 2 NAME	•	Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4 1311:6		Change Addition
NAME			4.2 NAME		
			4.3 STREET ADDRESS	COMPONIA COM	
STREET ADDRESS			14000 05 300	30000180	iguja
STREEY ADDRESS City-St-Zip		FOREST	4.4 CITY - S1 - 7IP	ووورو وستساطهم لأنطار الأراما است	†#
STREEY ADDRESS CHY-ST-ZIP TITLE		DELETE	5 1 117LF	-05/06/96-010 ***200.00	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELEIE	5 1 TITLE 52 NAME	***200.00	1 4
STREEY ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS	***200.00	I 4
STREEY ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			5 1 11/14 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	***200.00	_
STREET ADDRESS		☐ DELETE	5 1 11/LF 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 6 1 11/LE	***200.00	Change Addition
STREEY ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP HTLE			5 1 11/LF 52 NAME 53 STREET ADDRESS 54 CITY - ST - 2/F 6 1 11/LE 62 NAME	***200.00	_
STREEY ADDRESS DITY-ST-ZIP ITLE IAME STREET ADDRESS DITY-ST-ZIP ITLE IAME			5 1 11/LF 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 6 1 11/LE	***200.00	_

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with his fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEG DEPRINTED AME OF SIGNING OFFICER OR DIRECTOR

Depart 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. (S)