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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M12610 1. Corporation Name

ABREU'S BODY SHOP INC.

Principal Place	e of Business	Mailing Address				
2552 W. 3RD AVENUE 2552 W. 3RD AVENUE						,
MIALEAH FL 33010 HIALEAH FL 33010				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 03/10/1985	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2505699	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
12		27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Inf	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent
400	ELL 1100 t		{	Name		
ABREU, LUIS L			la la	32 Street Add	ress (P.O. Box Number is Not Acceptable)	
2552 W. 3RD STREET			L		3 4 4 4 4 4	Section of the sectio
HIAL	EAH FL 33010		1	33		经过程的
				34 City		85 Zip Code
:			1		poration submits this statement for the purpose of	-
SISNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered A	gent signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD .	☐ DELETE	1.1 TITU	E		☐ Change ☐ Addition
NAME	ABREU, LUIS L		1.2 NAM	ie		
STREET ADDRESS	N AT		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY	-ST-ZIP		
TITLE	TDS	☐ DELETE	2.1 TITL			☐ Change ☐ Addition
NAME	ABREU, JORGE L		2.2 NAM	ıε		j
STREET ADDRESS	4454 ML OO OT LOT OO		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2. 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME .		•	3.2 NAM	KE.		
STREET ADDRESS			3.3 STR	EET ADORESS	State of the State	i i je e i sa jega j
CITY-ST-ZIP			3.4. C/T	Y-ST-ZIP		into the same than
TITLE		☐ DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NA	AE		a .
STREET ADDRESS			4.3 STR	EET ADORESS		
CITY-ST-ZIP		···	_	'-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM	Į.		
STREET ADDRESS			B.	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		, DA488
TITLE		☐ DELETE	6.1 TITL	-		☐ Change ☐ Addition

14. I 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 or Block 13 if charged or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

- 8870045

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90070 036 ***150.00