

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lorraine B. Morton
Secretary of State
TALLAHASSEE, FL 32301-0001

APPROVED
AND
FILED

DOCUMENT # M20683

(2)

55-71711 7/10/35

SNAPPER CREEK CAR CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Present Place of Business Mailing Address

10191 S.W. 72ND ST.
MIAMI FL 33173-3004

10191 S.W. 72ND ST.
MIAMI FL 33173-3004

ENTER IN THIS SPACE

2. Change in Place of Business

21 Suite Apt. # 100

22 City & State

23 Suite Apt. # 100

24 City & State

25 Suite Apt. # 100

26 Suite Apt. # 100

27 City & State

28 Suite Apt. # 100

29 Suite Apt. # 100

30 Suite Apt. # 100

2a. Mailing Address

26

27

28

29

30

3. Date of Incorporation or Qualification

09/17/1985

03/14/1994

4. FED Number

59-2581534

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Fund Log
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has authority to make taxable tax under § 109.02
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ESTRADA, ORESTES
7791 S.W. 68TH TERRACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State FL Zip Code

11. Pursuant to the provisions of Sections 877.0507 and 807.1508, Florida Statutes, the above named corporation submits the 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. Thereby am I the appointment an registered agent, I do
hereby, with and accept the obligations of Law for 807.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	PD ESTRADA, ORESTES 7791 S.W. 68TH TERRACE MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VPSD ESTRADA, DALIA 7791 SW 68TH TERRACE MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the law of Florida, Florida Statutes, further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature will bear the same legal effect if made under oath. That I am officer or an director of this corporation or the receiver or liquidator appointed to oversee the report as required by Chapter 877, Florida Statutes, and that my name appears in Block 12 or Block 13, I do herby, file an attachment with an address.

SIGNATURE:  Orestes Estrada
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADS-271-6703

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