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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

Suite, Apt. #, etc.

21

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M27598

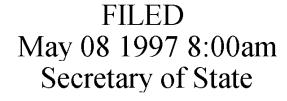
(5)

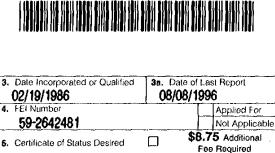
Mailing Address

Suite, Apt. #, etc.

OSWALD TRAILER REPAIRS, INC.

330 14TH AVE N.W. NAPLES FL 33964	330 14TH AVE., N.W. NAPLES FL 34120-2301	
Principal Place of Business	Mailing Address	





l		127	1		- 1					
City & State		28	Cily & Stato		Election Campaign Finance Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 1	Country		າ ′ ├─-₁	ountry		This corporation has fiabil Florida Statutes	ity for intangit Yes			
	25	29								
9. Name and Address of Current Registered Agent			_L	10. Name and Address of New Registered Agent						
OTERO, O				81	Name					
330 14TH AVE., N.W. NAPLES FL 33964			Į.		Street Address	ss (P.O. Box Number is Not Acceptable)				
				83						
				84	City		F	L 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 a	m familiar with, and accept the obligations of, Section 607-06	505, Floriga	a Statules.				~ ~
SIGNATURE	OSU2/do Oleso	nel	do Ollro	*	4/-	28-	۶/
	Signature, typed or printed name of registered agent and title if applicable.	(NO1t : He	gistered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO O	FICERS AND	DIRECTOR	S IN 12
TITLE	PD DELL	ETE	1.1 THLE			Change	Addition
NAME	OTERO, OSVALDO	I	1.2 NAME				
STREET ADDRESS	330 14TH AVE. N.W.		1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP				
TITLE	SD. DELE	E1Ë	2111111			Change	Addition
NAME	OTERO, SILVIA	f	2.2 NAME				
STREET ADDRESS	330 14TH AVE. N.W.		2.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		2. 4 City-St-ZiP				
TITLE	□ DELE	ETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		ł	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CHY-ST-ZIP				
TITLE	T.) DELE	ETE	4.1 T/TLE			Change	Addition

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

4 3 STREET ADDRESS

5.3 STREET ADDRESS

5 4 C(1Y-ST-ZIP

4.4 CiTY - \$1 - ZiP

DELETE

DELETE

DELETE

6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 open attachment with an address.

(1-2V-67 1941 3536681

Change

Change

Addition

Addition