

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

FILED

**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M45612 (2)

1. Corporation Name
MIGUEL AUTO AND MOTOR REPAIRS, INC.



Principal Place of Business

**% MIGUEL MAGUEIRA
1549 W 40TH ST
HIALEAH FL 33012**

Mailing Address

**% MIGUEL MAGUEIRA
1549 W 40TH ST
HIALEAH FL 33012-7057**

2. Principal Place of Business

21 **1549 West 40th St**
State, Apt. #, etc.

22 **Hialeah, FL 33012**
City & State

23 **Hialeah, FL 33012**
Zip Country

24 **25**

2a. Mailing Address

26 **Same**
State, Apt. #, etc.

27 **Hialeah, FL 33012**
City & State

28 **Hialeah, FL 33012**
Zip Country

29 **30**

3. Date Incorporated or Qualified
01/28/1987

3a. Date of Last Report
08/05/1996

4. FEI Number
59-2774546

Applied for
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MAGUEIRA, MIGUEL
15023 SW 65TH TERR
MIAMI FL 33193**

10. Name and Address of New Registered Agent

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 607.0802 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	MAQUEIRA, MIGUEL	
3. STREET ADDRESS	10305 SW 92ND ST	
4. CITY-STATE-ZIP	MIAMI FL 33176	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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 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 as appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Miguel Maqueira
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Maqueira 3/18/97 305 556-4190
Date Daytime Phone #

CR2E034 (9/96)