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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

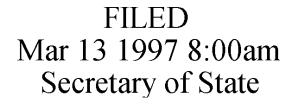
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M53420

(9)

FLAMINGO AUTO RECYCLING, CORP.





Principal Place of Business Mailing Address 450 400 M MOURY COPET						
1158 - 1200 W HOMESTEAD F	. MOWRY STREET L 33030-5629	1158 - 1200 W. MOWRY HOMESTEAD FL 33030	STREET			
				 Date Incorporated or Qualified 06/08/1987 	3s. Date of Last Re 03/21/1996	eport
_	lace of Business	2a. Mailing Address		4. FEI Number	 	plied Fo
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2832110	□ \$8.75 A	t Applic
2	W ₁ 910.	27		Certificate of Status Desired	Fee Re	
City & State	9	City & State		6. Election Campaign Financing	\$5.00	<u> </u>
3		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s.	199.03
4	25	29	[30]		Yes No	
	g. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	olistered Agent	
	MAN, SALVADOR		or ivalle	:	•	
	B W. MOWRY ST.		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
HUN	MESTEAD FL 33030		83			
-			84 City	***	FL 85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered a	·	ITE: Registered Agent signature requ		DATE	
12.	OFFICERS A	ND DIRECTORS	13.	urad when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	
12. TITLE	OFFICERS A	·	13. 1.1 TITLE			
12. TITLE	OFFICERS AT PD GUZMAN, SALVADOR	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS	
12. TITLE NAME STREET ADDRESS	OFFICERS AT PD GUZMAN, SALVADOR 1158 W. MOWRY ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS	
12. Title Name Street address City-St-Zip	OFFICERS AT PD GUZMAN, SALVADOR	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS	☐ Ad
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD GUZMAN, SALVADOR 1158 W. MOWRY ST. HOMESTEAD, FL 33030	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ERS AND DIRECTORS Change	☐ Ad
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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 changed, or on an attachment with an address.