

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

FILED  
Jun 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M 91777  
1. Corporation Name  
*QUALITY ASSURANCE PAINT & BODY SHOP INC.*

Principal Place of Business: *8495 NW 56th St. MIAMI, FL. 33166*  
Mailing Address: *8495 N.W. 56th St. MIAMI, FL. 33166*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: *07/29/1988*

4. FEI Number: *65-0063152* 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
*SAN MARTIN, LAZARO  
3940 S.W. 124 AVE.  
MIAMI, FL. 33177*

10. Name and Address of New Registered Agent  
B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 B4 City: **FL** B5 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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Signature: Type the printed name of the officer or director who signed (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <i>P.D.</i>	<input type="checkbox"/> DELETE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <i>SAN MARTIN, JOUAN</i>		12 NAME:	
STREET ADDRESS: <i>12215 S.W. 39 ST</i>		13 STREET ADDRESS:	
CITY-ST-ZIP: <i>MIAMI, FL. 33177</i>		14 CITY-ST-ZIP:	
TITLE: <i>S.D.</i>	<input type="checkbox"/> DELETE	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <i>SAN MARTIN, LAZARO</i>		22 NAME:	
STREET ADDRESS: <i>3940 S.W. 124 AVE</i>		23 STREET ADDRESS:	
CITY-ST-ZIP: <i>MIAMI, FL. 33177</i>		24 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 CITY-ST-ZIP:	

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*6-12*

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of this corporation in the State of Florida, I am responsible for the accuracy of the information reported as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or supplement at address:

SIGNATURE: *[Signature]* 6/9/98 305-477-5991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)