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May 02 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 # M98480 (0)

1. Corporation Name
L. D. AUTO REPAIRS, INC.



Principal Place of Business
18672 S.W. 105 AVE.
MIAMI FL 33157

Mailing Address
18672 S.W. 105 AVE.
MIAMI FL 33157-6706

3. Date Incorporated or Qualified 09/14/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 18672 SW 105 Ave
City & State
22 MIAMI
City & State
23 MIAMI FLORIDA
Zip Country
24 33157 25 DADA
2a. Mailing Address
26 11731 SW 193ST
City & State
27 MIAMI FLA
City & State
28 MIAMI FLA
Zip Country
29 33177 30 DADA

4. FEI Number 23-0025958
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

ALLEN, LASCELLES
11731 S.W. 193RD STREET
MIAMI FL 33175

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 607.0502 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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	ALLEN, LASCELLES	1.1 TITLE	
11731 S.W. 193RD ST.		1.2 NAME	
MIAMI FL		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VPS	ALLEN, DIRSEY	2.1 TITLE	
11731 S.W. 193RD ST.		2.2 NAME	
MIAMI FL		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TVP	COOPER, DONNA R	3.1 TITLE	
19700 SW 119 AVE		3.2 NAME	
MIAMI FL		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		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 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.

SIGNATURE: Lascelles Allen LASCELLES ALLEN

4/1/97 305-8738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0216840

CR2E034 (9/96)