


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000000163 (5)

1. Corporation Name

LA CARIDAD PAINT & BODY SHOP CORP.

Principal Place of Business

Mailing Address

9455 N.W. 109TH ST.
BAY 102
MEDLEY FL 33178

9455 N.W. 109TH ST.
BAY 102
MEDLEY FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0365571	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERNANDEZ, PEDRO 9455 N.W. 109TH ST. BAY 102 MEDLEY FL 33178				81 Name ELVIRA ALONSO			
				82 Street Address (P.O. Box Number is Not Acceptable) 9455 N.W. 109TH STREET			
				83 BAY 108			
				84 City Medley FL 85 Zip Code 33178			

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 Elvira Alonso 1-5-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	President	Change	Addition	
NAME	RODRIGUEZ, SWANEE		1.2 NAME	ALONSO, ELVIRA			
STREET ADDRESS	9455 N.W. 109TH ST., B102		1.3 STREET ADDRESS	9455 N.W. 109TH STREET B 108			
CITY-ST-ZIP	MEDLEY FL 33178		1.4 CITY-ST-ZIP	medley, FL 33178			
TITLE	S	DELETE	2.1 TITLE	Treasurer	Change	Addition	
NAME	HERNANDEZ, ELVIRA ALONSO		2.2 NAME	ALONSO, ELVIRA			
STREET ADDRESS	9455 N.W. 109TH ST., B102		2.3 STREET ADDRESS	9455 NW 109TH STREET B108			
CITY-ST-ZIP	MEDLEY FL 33178		2.4 CITY-ST-ZIP	medley, FL 33178			
TITLE	D	DELETE	3.1 TITLE	Secretary	Change	Addition	
NAME	HERNANDEZ, PEDRO		3.2 NAME	AGUILA, Swanee			
STREET ADDRESS	9455 N.W. 109TH ST., B102		3.3 STREET ADDRESS	9455 NW 109TH STREET B108			
CITY-ST-ZIP	MEDLEY FL 33178		3.4 CITY-ST-ZIP	medley, FL 33178			
TITLE	D	DELETE	4.1 TITLE	Director	Change	Addition	
NAME	AGUILA, CARLOS R		4.2 NAME	AGUILA, CARLOS R			
STREET ADDRESS	9455 N.W. 109TH ST., B102		4.3 STREET ADDRESS	9455 N.W. 109TH STREET B108			
CITY-ST-ZIP	MEDLEY FL 33178		4.4 CITY-ST-ZIP	medley, FL 33178			
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 1-5-98 889-2110

CR2E034 (10/97)