FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P93000021701 (6) **DOCUMENT #** TECHNICAL AUTOMOTIVE CENTER, INC.

Apr 18 1996 8:00 am Secretary of State

FILED

				EE
Principal Place of Business	Maling Address			. Adito 88115 stadi sisti 18811 98161 sist 1881
4100 DAVIE BLVD 4100 DAVIE FT LAUDERDALE FL 33317 FT LAUDERD		33317		
			3. Date Incorporated or Qualified 03/08/1993	3a. Date of Last Report 02/21/1995
Principal Place of Business The Principal Place of Business	2a. Mailing Address 26	The second secon	4. FEI Number 65-0399032	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip Country 25	7 ₁ p	Country 30	This corporation has liability for infinity Florida Statutes	
	of Current Registered Agent		10. Name and Address of New Re	V -V
		81 Name		- <u> </u>
JUAREZ, FRANCISCO M		82 Street Add	ress (P.O. Box Number is Not Acceptable	
4100 DAVIE BLVD		Oz Street Addi	ress (r.:O. DOX INGHI:DELIS NOLACCEDIADIE)
FT LAUDERDALE FL 33317		83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Section or registered agent, or both, in the St familiar with and accept the obligation.	s 607.0502 and 607.1508, Fiorida Statute	s, the above-named corpored by the corporation's boo	ration submits this statement for the purpi	ose of changing its registered office
familiar with, and accept the obligation	gs of Section 607.0505, Florida Statutes	d by ing corporation's bod	ro of directors. Frieldby accept the appoin	itment as registered agent. I am
SIGNATURE Signakure, types or printed nace of	geterod ago y di i torri fa pi nable (NO)	Freschiller ett Askert Salvasture resione	c where recognitions of 4/15/96	DATE
12. OF a	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D	DELETE	1 TITLE		Change Addition
NAME JUAREZ, FRANCIS		12 NAME		
STREET ADDRESS 4100 DAVIE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP FT LAUDERDALE	FL 33317	1.4 CiTy - \$1 - 2iP		
THLE	DELETE	2 1 TILE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-S1-ZIP		2.4 CITY+ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZiP		
TITLE	☐ DELETE	4 1 Tritle		Change Add-tion
NAME		4.2 NAME		· _
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 C/TY - ST - Z/P		
TITLE	DELETE	5 1 TITLE		Change Addition
NAME		5 2 NAVE		-
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY - ST - ZIP		
TITLE	DELETE	6 1 TIT.E		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY - ST - ZIP		6 4 CITY - ST - Z-P		
	supplied with this filter is voluntarily forms		or the execution stated in Section 110.03	(3)(I) Florido Statutos 15 dhe

certify that the information indicated on this annual report or supplemental anid does not quality for the exemption stated in Section 119.07(3)(k), 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 trusted 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #