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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000037390	/ 0\
Corporation Name	P93000037389	(4)

Onli	ANDO AUTO REPAIR, INC.	000037389	(-)	! (1.3 %40) (10.100) (10.100)	IJA ac iji ac iaa jidia daada kira daka daka
Principal Plac	e of Business	Mailing Address		·	
1024 S. O Orlando US	DRANGE BLOSSOM TR.) FL 32805	1024 S. ORANGE ORLANDO FL 328 US	BLOSSOM TR. 05		
<u> </u>				 Date Incorporated or Qualified 05/25/1993 	3a. Date of Last Report 05/01/1995
2. Principal Pi	lace of Business	2a. Mailing Address	**************************************	4. FEI Number	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-3183732	Not Applicab
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & State	0	Orty & State		6. Election Campaign Financing	Fee Required
Zip	Country	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for in	itangible tax under s 199.032.
	9. Name and Address of Curre	nt Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	□No
14 (Fire)	4011	1,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	81 Name	To. Nume and Address of New Re	gistered Agent
WEITA	ACH, JOSEPH C		82 Street Ad	dress (P.O. Box Number is Not Acceptable	
SUITE	ast robinson street		L	oress (1.0. box Number is Not Acceptable	9)
	NDO FL 32801		83		
U	IDO I E GEODI		84 City		85 Zip Code
11. Pursuant to	to the provisions of Sections 607.0502	2 and 607.1508. Florida Stati	ites the above-papied core	oration submits this statement for the purpor	-1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was authorition 607 0505. Florida Statute	ized by the corporation's bo	oration submits this statement for the purpo and of directors. I hereby accept the appoin	ose of changing its registered office
	•	and the second is the second of second secon			
SIGNATURE			35.	, , , , , , , , , , , , , , , , , , , ,	as registered agent. Fairt
SIGNATURE _	Signature typed or printed name of registured agent	Land this if applicable.			
SIGNATURE	Signature typed or printed name of registured agent OFFICERS AN	Fand title if applicable. (N. D. DIRE CTORS	Oil: Registered Agent signature requi	red when reinstating)	DATE
SIGNATURE	OFFICERS AN	Land this if applicable.	Oit Registered Agent signature requi		DATE
SIGNATURE	OFFICERS AN	Fand title if applicable. (N. D. DIRE CTORS	Oit Registered Agond signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-7IP	OFFICERS AN DP ALVA, AUGUSTO	Fand title if applicable. (N. D. DIRE CTORS	101: Registered Agont signature requirements 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-7IP ITLE	DP ALVA, AUGUSTO 1360 GLADIOLUS DR.	Fand title if applicable. (N. D. DIRE CTORS	Oit Registered Agond signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE ERS AND DIRECTORS IN 12 Change
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