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FILED

Jan 14 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 # P94000022584 (4)

1. Corporation Name
PILA AUTO SERVICE CORP.



Principal Place of Business: **15071 S.W. 44TH TERRACE MIAMI FL 33185**

Mailing Address: **15071 S.W. 44TH TERRACE MIAMI FL 33185-4368**

3. Date Incorporated or Qualified: **03/23/1994**

3a. Date of Last Report: **03/20/1996**

4. FEI Number: **65-0481931**

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

2. Principal Place of Business

21. **10701 SW 40 St**

22. Suite, Apt. #, etc.

23. City & State: **Miami**

24. Zip: **33165**

25. Country: **Dade**

26. Mailing Address

26. **10701 SW 40 St**

27. Suite, Apt. #, etc.

28. City & State: **Miami Fla**

29. Zip: **33165**

30. Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

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]*

Signature typed or printed name of registered agent or state if applicable: **Orlando Pila**

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE: **DP** DELETE

NAME: **PILA, ORLANDO**

STREET ADDRESS: **15071 S.W. 44TH TERR.**

CITY - ST - ZIP: **MIAMI FL 33185**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY - ST - ZIP:

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY - ST - ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition

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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Orlando Pila**

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)