


**AMENDED ANNUAL REPORT**

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

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98 OCT 29 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000024255**  
1. Corporation Name

**MID'AUTO SERVICES, INC.**

Principal Place of Business <b>8901 SW 129th TERRACE MIAMI, FL. 33176</b>	Mailing Address <b>8901 SW 129th TERRACE MIAMI, FL. 33172</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/25/1994</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0482354</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ITURRALDE, LEONEL A.  
8901 S.W. 129th TERRACE  
MIAMI, FL. 33176**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ CARLOS</b>	1.2 NAME	<b>800002681428</b>
STREET ADDRESS	<b>12770 S.W. 103 TERR.</b>	1.3 STREET ADDRESS	<b>-11/05/98-01083-001</b>
CITY-ST-ZIP	<b>MIAMI, FL.</b>	1.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ITURRALDE, GRACIELA</b>	2.2 NAME	
STREET ADDRESS	<b>10513 S.W. 73 TERR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PTDS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ITURRALDE, LEONEL A.</b>	3.2 NAME	<b>ITURRALDE, LEONEL A.</b>
STREET ADDRESS	<b>8901 S.W. 129 TERR.</b>	3.3 STREET ADDRESS	<b>8901 S.W. 129 TERR</b>
CITY-ST-ZIP	<b>MIAMI, FL. 33176</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33176</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIGUEROA, WILLIAM"</b>	4.2 NAME	
STREET ADDRESS	<b>560 E. 42nd ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, CARLOS</b>	5.2 NAME	
STREET ADDRESS	<b>5200 S.W. 69th AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL. 33155</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>CERT, ALEX</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3060 N.W. 15th ST.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MIAMI, FL. 33125</b>

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:  **LEONEL ITURRALDE PRES.**

10/22/98

Date Daytime Phone #

CR2E034 (10/97)