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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027144 (2)

J & R BODY SHOP CORP.

Principal Place of Business 3775 N.W. 28TH ST. SOUTH RIVER DR. MIAMI FL 33142	Mailing Address 3775 N.W. 28TH ST. SOUTH RIVER DR. MIAMI FL 33142	
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FILED May 12 1997 8:00am Secretary of State



Sa. Date of Last Report

3. Date incorporated or Qualified

					04/08/1994	02/	29/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			plied For
11		26 .			65-0483775			t Applicable
Surie, Apt. #, etc Su 2 27		 	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ale	City & State	~ ,					May Be to Fees
Z _I p	Country	Zip	Cou	untry	8. This corporation has liability for			
4	25	29	30	,	Florida Statutes	Yes [155.002,
	9. Name and Address of Cu		1001	T	10. Name and Address of New I			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MI	JNOZ, JESUS R		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81 Name				
	75 N.W. 28TH ST. SOUTH RIM	er dr.		82 Street Ad	Idress (P.O. Box Number is Not Accept	able)		
	AMI FL 33142			Oli Bot Ad	Care San Training to The Property			
****				83				
				84 City			85 Zip	Code
				City		FL	. 65 240	Joue
11. Fursuan	it to the provisions of Sections 607.	0502 and 607.1508, Florida St	atutes, the a	bove-named co	prporation submits this statement for the	purpose of	f changing it	s registered
office or agent 1	r registered agent, or both, in the S Lam familiar with, and accept the ol	tate of Florida. Such change w blications of: Section 607.0505	zas autnorize 5. Florida Sta	ia by the corpo tutes.	ration's board of directors. I hereby acc	ept the app	contment as	registerea
SIGNATURE								
SIGNATURE	Signature typed or printed name of registered	d agent and title if applicable	NOTE Registere	ed Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND		
l"L F	PRS	DELETE	1.1 7	FTLE			Change	Additio
MAME	MUNOZ, JESUS R		1.2 N	IAME				
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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 have an officer or director of the corporation or the receiver or trustee impowered 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

IGNATURE AND VECO OR DIMITED NAME OF BIGNING OFFICER OR DIRECTOR

(305) |-3|-97 635-0979 |Date | Dayling Phone 9

05 10070