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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000031695 (7)

MIREKIS EUROPEAN AUTO RODY SHOP INC

Principal Place 400 MARLBOR OLDSMAR FL US	ough street	Mailing Address 400 MAR&BOROUGH OLDSMAR FL 34977- US				
					 Date Incorporated or Qualified 04/25/1994 	3a. Date of Last Report 04/30/1996
Principal Place of Business The Principal Place of Business		2a. Mailing Address	26		4. F£! Number . 59-3250242	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	. Country 25	7ip [29]	Count	ry 	1.	Yes XNo
9. Name and Address of Current Registered Agent 10. Name and Address of DDZYRVI MIROSI AW 81 Name						istered Agent
PRZYBYL, MIROSLAW 400 MARLBOROUGH STREET					1000	
	SMAR FL 34677		8	2) Street Add	Street Address (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City		■ 85 Z _{IP} Code
11. Pursuant office or r agent I a	m familiar with, and accept the obli	igations of, Section 607.050	5, Florida Statul	es.	poration submits this statement for the pu lion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12,	Signature, typed or printed name of registered a	agent and title if applicable	(NOTI - Registered A	grint signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	P	DLLEI			ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	AME PRZYBIL, MIROSŁAW		1.2 NAMI			
STREET ADDRESS	400 MARLBOROUGH STREE	T	1.3 STREA	ET ALIDRESS	PRZYBYL MIROSLAW	
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY	S1-7/P		
TITLE	☐ OETETE		II .			. Change Addition
NAME			2.2 NAM(1		
STREET ADDRESS			23 STRE	ET ADDRESS		
CITY-ST-ZIP TITLE	DELFTE			-0(-11		Change Addition
NAME			3.2 NAME	}		-
STREET ADDRESS			3.3 STRE	I ADDRESS		
CITY-ST-ZIP			3.4. CHY			
TOLE	er.	[_] DELETE				L Change L Addition
NAME DIDECT ADDRESS			4. 2 NAM			
STREET ADDRESS CITY-ST-ZIP				E1 ADDRESS		
TITLE		DELÈTE	44 CHY- 51 TIFLE	01-71		Change Addition
NAME		-	5.2 NAME	}		_ ,
STREET ADDRESS			4	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY-	S1 - 7/P		
TITLE		DELETI	611HLF			Change Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		ł

CITY-S1-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 it 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.