FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



SIGNATUREX Fermando de la Posco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000042984 (2)

1. Corporation Name J & F AUTO REPAIR, INC. Principal Place of Business Mailing Address 4400 N. U.S. 1 COCOA FL 32927 COCOA FL 32927							
					3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last 07/18/	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-3256856		Applied For
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				60.	Not Applicable 75 Additional
22		27			5. Certificate of Status Desired	1 1	e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Country	4	8. This corporation has liability for i	ntangible tax under	
24	25 9. Name and Address of Currer	29 29 Agent	30		Florida Statutes Yes 10. Name and Address of New R		
		giotorou rigent	81	Name	IU. Name and Address of New R	agistered Agent	·
DE LA	PASCUA, FERNANDO		82		ress (P.O. Box Number is Not Acceptab		
4400 N. U.S. 1			02	Street Add	ress (F.O. Box Number is Not Acceptab	.e)	
COCO/	A FL 32927		83				
			84	City		 85	Zip Code
SIGNATURE	the provisions of Sections 607,0502 ad agent, or both, in the State of Florin, and accept the obligations of, Society Principal Companies, types or printed name of registered agent	Taxeus			ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its post of changing its post of changing its post of changing its	s registered office ed agent. I am
12.	OFFICERS AN		OTE Registered Age	nt a gnature require		DAME PIDECT	TODO IN 40
TITLE	D	DELETE	1 1 TITLE	T T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	de la pascua, fernand	0	1 2 NAME				
STREET ADDRESS	6760 CALIPH AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	COCOA FL D FIDELELE		1.4 CITY - S	ST - ZIP			·
NAME	D ELETE CARRILLO, JOAQUIN		2.1 TITLE 2.2 NAME			☐ Change	e 🔲 Addition
STREET ADDRESS	6543 HAROLD AVE			Ababece			
CITY-ST-ZIP	COCOA FL		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP				
TITLE	☐ DELETE		3. 1 TITLE	,,		[] Change	e 🔲 Addition
NAME			3.2 NAME				_
STREET ADORESS			3.3. STREE	T ADDRESS			
CITY-SI-ZIP		F7 05 55	3.4 CITY - 9	51 - ZIP			
THLE NAME		DELETE	4. 1 TITLE			Change	Addition
STREET ADDRESS	•		4.2 NAME	1000000			
CITY-ST-ZIP			4.3 STREET				
TITLE		DELETE	4.4 CITY - S 5. 1 TITLE	1-212		Change	Addition
NAME		•	5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5 4 CITY - S	T-ZIP			
TITLE		☐ DEFELE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	1			
14. I do hereby	certify that the information supplied v	rith this filing is voluntarily furn	6.4 City-S nished and doe:	s not quality for	or the exemption stated in Section 119.0	17(3)(k) Florida Stat	ides I further
oath; that I	ne monnadon indicated on this anno.	a: report or supplemental ann ation or the receiver or truste	iual report is tru ie empowered f	10 000 000 III	te and that my signature shall have the s s report as required by Chapter 607, Flor		id an a ala II

407-632-6146

Daytime Phone *