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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## P94000042984 (2) DOCUMENT #

## **FILED** Apr 15 1998 8:00am Secretary of State

J & F AUTO REPAIR, INC. Principal Place of Business Mailing Address 4400 N. U.S. 1 4400 N. U.S. 1 OOOOA FL 32927 **COCOA FL 32927** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3256856 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DE LA PASCUA, FERNANDO 4400 N. U.S. 1 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32927** 83 84 City Zip Code 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, typed or printed name of regulared agent and the if applicable (NOTE Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE DELA PASCUA FERNANDO TITLE **DE LA PASCUA, FERNANDO** NAME 1.2 NAME 5025 BRIDGE Rd. 6760 CALIPH AVE STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL** COLOA FL. 32927 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE CARRILLO, JOAQUIN CARRILLO JOAQUIN 2.2 NAME NAME 4425 OLYMPIC DR. 6543 HAROLD AVE STREET ADDRESS 2.3 STREET ADDRESS **COCOA FL** COCOA, FL. 32927 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 enpowered 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 additional statutes.

4/7/98