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

PROFIT CORPORATION ANNUAL, REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077069 (0)

FIRST C	CASS BODY SHOP, INC.						
Principal Piac	e of Business	Mailing Address			1 (0011001 NW (0118,01914 00111 00111 00111	8811 1981 1981 1981 981 881 881 881 881	I (8)/ () []
5303 NW 7TH ST BAY L 5303 NW 7TH ST BAY L MIAMI FL 33126							
					 Date Incorporated or Qualified 10/20/1994 	3a, Date of Last R 05/01/1996	eport
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26			65-0527266 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Additional equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added Added	to Fees	
Zip	Country		Country		8. This corporation has liability for it		. 199.032,
24	25 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		30			Yes No	
		it Hadistalan Mailt	81	Name	10. Name and Address of New Re	Bisteled Adelit	
GUNZALEZ-RUBIERA, IZEL L							
2735 W 70TH ST			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
HIAL	EAH FL 33018		83				
			84	City		- 85 Zip (Code
As Burayant	to the previous of Costinue COZ Of C	00 and 007 1500 Flacido Piotat			oment's the state of the state	FL °° ^z "	
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 agont, or both, in this 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.							
	im familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes	i.			}
SIGNATURE	Signature, typed or printed name of registered age	col and trio if audicable (NOT	E: Booistered Age	ot signature re	equired when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO DEFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	Π	Vice - President -	☐ Change	Addition
NAME	GONZALEZ-RUBIERA, IZEL L		1.2 NAME	-	INETTE GKubie	Pour !	
STREET ADDRESS	2735 W 70TH ST		1.3 STREET	ADDRESS 4	GOI WEST GOYEL	525	
CITY-ST-ZIP	MIAMI FL 33016		1.4 CHY-S	1-2iP	Justeal, 11 330	31 Cm	
TITLE		☐ DELETE	2.1 1ITLE	+	(3.	Change	Addition
NAME			2 2 NAME	1.7	lizel In. Gonzalez-K	usiem	
STREET ADDRESS	Í		2.3 STREET	ADDRESS [2621 West 69 Te	rr-	
CITY-ST-ZIP			2. 4 CITY - 9	T-ZIP	Realwest 69 te	016	
TITLE		DELETE	3.1 TITLE		,	Change	☐ Addition
NAME	İ		3.2 NAME				
STREET ADDRESS	155		3.3 STREET	1			}
CITY-ST-ZIP	DELETE		3.4. CITY - 9	1- ZIP		Chann	Name of
TITLE		L) vittit	4.1 THILE			L Change	Addition
NAME STREET ADDRESS			4. 2 NAME	VDD00000			
CITY+ST-ZIP	d _a		4.3 STREET	ſ	1.7		Ì
TITLE		DELETE	5.1 TITLE	- Kur		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-\$T-ZIP			5.4 CITY-S	Ì			ļ
TITLE		DELETE	617ITLE			Change	Addition
NAME			6.2 NAME	1		·- •	-
STREET ADDRESS			6.3 STREET	ADDRESS			ļ
CITY ST - 7IP			6 A DITY - S	ſ			ľ

14. I do hereby certify that the information supplied with this filing does not quality 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 eath; 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 ii changed, or bit an address.

11-11-00

FILED

Apr 21 1997 8:00am

Secretary of State