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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000078392 (5)**

1. Corporation Name
AUTO REPAIR PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
3501 NW 19TH ST LAUDERHILL FL 33311	3501 NW 19TH ST LAUDERHILL FL 33311-4260

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21: 3501 NW 19 St.
2a. Mailing Address — 26: 3501 NW 19 St.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: LAUDERDALE LAKES FL
City & State — 28: L/LAKES FL
Zip — 24: 33311
Country — 25: U.S.A.
Zip — 29: 33311
Country — 30: U.S.A.

4. FEI Number: 65-0533448 — ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAFFISUCCA, WINSTON
12716 NW 15TH NST
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: HAFFIZULLA WINSTON
82 Street Address (P.O. Box Number is Not Acceptable): 12716 N.W 15 St.
83: SUNRISE FL 33323
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Section 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: [signature] DATE: 1/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST G HAFFIZULLA, MIGUEL 3501 NW 19TH ST LAUDERHILL FL 33311 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P WINSTON HAFFIZULLA 3501 N.W 19 St L/LAKES FL 33311 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST M HAFFIZULLA, CHRISTOPHER 3501 NW 19TH ST LAUDERHILL FL 33311 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP PAULETTE HAFFIZULLA 3501 NW 19 St. L/LAKES FL 33311 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAFFIZULLA, DWAYNE L 3501 NW 19TH ST LAUDERHILL FL 33311 ☐ DELETE	3.1 TITLE / NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/3/97 (954) 973-4846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268951