

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SUNSHINE STATE
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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MAY 11 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085011 (2)**

To: Corporation Name
MANUEL'S BODY SHOP, INC.

Principal Office Address: **2010 SW 100TH TER BAY C MIRAMAR FL 33025**
Mailing Address: **2010 SW 100TH TER BAY C MIRAMAR FL 33025**

(EXCEED WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report
4. FEI Number 65-0544110	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has been held for one year or more under S. 1003.012 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt # etc	26. State, Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Latitude	30. Latitude

B. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VERA, MANUEL 2010 SW 100TH TER BAY C MIRAMAR FL 33025	81. Name		
	82. Street Address (P.O. Box Number is Not Acceptable)		
	83. City		
	84. State	FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits the 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 of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. STREET ADDRESS	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	3. STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	4. STREET ADDRESS	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	5. STREET ADDRESS	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	6. STREET ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	7. STREET ADDRESS	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	8. STREET ADDRESS	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	9. STREET ADDRESS	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	10. STREET ADDRESS	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	11. STREET ADDRESS	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	12. STREET ADDRESS	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	13. STREET ADDRESS	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	14. STREET ADDRESS	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	15. STREET ADDRESS	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	16. STREET ADDRESS	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	17. STREET ADDRESS	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	18. STREET ADDRESS	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	19. STREET ADDRESS	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	20. STREET ADDRESS	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	21. STREET ADDRESS	20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PD
Vera Manuel
2010 SW 100th Ter. Bay C
Miramar, FL 33025

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked against the information stated in Sections 1003.012 and 1003.013, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same reported to said public officer. I am a duly elected 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 on Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: **VERA MANUEL**
PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

alister
305 4339896