

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra J. Montan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:13

DOCUMENT # P94000086245 (5)

1. Corporation Name

J & P AUTO CARE, INC.

Principal Place of Business

3645 NW 79TH STREET
MIAMI FL 33147

Mailing Address

3645 NW 79TH STREET
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

City

County

24

Zip

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

City

County

29

Zip

30

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. This corporation has liability for intangible tax under s. 190.002

Florida Statutes

Yes X No

9. Name and Address of Current Registered Agent

COHEN & ZALDIVAR PA
815 NW 57TH AVENUE STE. 447
MIAMI FL 33126

10. Name and Address of New Registered Agent

81

Name

Paulino Torres

82

Street Address (P.O. Box Number is Not Acceptable)

8751 N.W. 33 ct.

83

City

Miami

84

State

FL

85

Zip Code

33147

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

Paulino Torres

(Signature required for limited liability corporation, corporation, partnership, or other entity)

6/12/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

P. Paulino Torres
8751 N.W. 33 ct.
Miami FL 33147

Change X Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Paulino Torres

(Signature and typed or printed name of signing officer or director)

Paulino Torres

6/12/95

305-696-2031

(Typed Name)