

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

CORPORATION ANNUAL REPORT 1995 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 94000086491
1. Corporation Name

ASPEN COACHWORKS & REFINISHING, INC.

Principal Place of Business

Mailing Address

2900 S.W. 28 Lane
Coconut Grove, FL 33133

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	30

9. Name and Address of Current Registered Agent

Demetrios C. Kirkiles
200 S.E. 6th St., Suite 200
Fort Lauderdale, FL 33301

3. Date Incorporated or Qualified	3a. Date of Last Report
11/23/94	
4. FEI Number	Applied Fee Not Applicable
65-0539781	
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

REINSTATEMENT 96497

DO NOT WRITE IN THIS SPACE.

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Applicable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered office, or both, in the State of Florida. Each 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 provisions of Chapter 607, Florida Statutes.

SIGNATURE: Demetrios C. Kirkiles 4-14-97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	
NAME	P/S/D
NAME	Piliouras, Konstantinos
STREET ADDRESS	2900 S.W. 28 Lane
CITY- ST- ZIP	Coconut Grove, FL 33133
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I 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 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: Konstantinos Piliouras 4-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR