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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400086793 (4)

QUEZADA AUTO REPAIRS, CORP.

Principal Place of Business Mailing Add				I IONIIONI III III IIII IIII IIII II	#\$(#) (\$)14 B 1611 (##7# EB1#B 1144 19#1
6900 S.W. 8TH MIAMI FL 33144		6900 S.W. 8TH ST. MIAMI FL 33144-4744	•		
				3. Date Incorporated or Qualified 11/30/1994	3a. Date of Last Report 09/09/1996
2. Principal Pl	ace of Business	2a. Mailing Address	:	4, FEI Number	Applied For
21	The same of the sa	26		65-0536781	Not Applicable
Suite, Apt #		Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	J	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23] Ζιρι	Country	28	Country	This corporation has liability for in	
24	25	29	30		Yes No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	Jistered Agent
	ZADA, JUAN C		81 Name	ERASMO R QUE	FSADA
	S.W. 8TH ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	
MIAM	AI FL 33144		63		
			6	900 SW 8 ST	
			84 City	Da.s.	FL 85 Zip Code 33/4/
11 Pursuant t	to the provisions of Sections 607.04	and 607 1508. Florida Stati	utes the above-named corr	poration submits this statement for the pr	urpose of changing its registered
office or re	egistered aggrit, or ook in the Stale	of Florida. Such change was	authorized by the corporat	poration submits this statement for the pution's board of directors. I hereby accep	t the appointment as registered
	ti familiar with, and arroupt the during	jations of, Section 607.0000, r	Honda Statutes	,	K/1/97
SIGNATURE	Signature hypedissinints (name of registered ag	gent and title if applicable. (NC	OTE: Registered Agent signature requir	ired when reinstating)	DATE
12.	OFFICE AS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME:	QUEZADA, JUAN C		1.2 NAME		
STREET ADDRESS	6900 S.W. 8TH ST.		1.3 STREET ADDRESS		
C-TY-ST-ZIP	MIAMI FL 33144	D OCITY	1.4 CITY-\$1-ZIP		
HELLE	SD CHEZADA EDACMO D	DELETE	2.1 TITLE		Change Addition
NAME	QUEZADA, ERASMO R		2.2 NAME		
STREET ADDRESS	6900 S.W. 8TH ST. MIAMI FL 33144		2.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	MIAMI FL 33144	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		El ottere	3.2 NAME		him busines him received
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF			3.4. CITY-ST-ZIP		
Tifle		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ACIDRESS			4.3 STREET ADDRESS		
CITY - SI - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CiTY-ST-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAM:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	sit. Wat the intermetion number	-1 -3h this fains does not out	64 CiTY-ST-ZIP	- Cooling 110 07(9Vi) Florido Statutor	12 that early that the
information I am an of appears in	in indicated on this annual report or flicer or director of the corporation on Block 12 or Block 13 if changed.	supplemental annual report is with receiver or trustee emportant attachment with an ar	true and accurate and that wered to execute this report dress.	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida SI	effect as if made under oath; tha latutes; and that my name