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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086793 (4)

QUESADA AUTO REPAIRS CORP.

FILED May 08 1998 8:00am Secretary of State

■ Addition

| MAME FL 33144 - SOUN APPLEAD FOR SW. BITH ST. MIAME FL 33144 - PPLO DO NOT WRITE IN THIS SPACE - SURIO, Apt 4, etc. - 20 - SURIO, Apt 4, etc. - 21 - 22 - 22 - 20 - 20 - 20 - 20 - 20 - 20 | - · · · · · · · · · · · · · · · · · · · | | | | | | | | |
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| MAMIFL 3314 ## DO NOT WRITE IN THIS SPACE Substitution Subst | Principal Place of Business Mailing Address | | | | | | | | |
| ## DONOTHER INTHIS STACE B. Deter incorporated or Qualified 11/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 1/30/1894 | | | | | | | | | |
| ### Principal Place of Business ### 2a. Malling Address ### 4. FET Number ### 5.05678281 Not Applied For ### 5.05678281 Not Appl | MINIMI PE 331 | • | MIRMI FL 33144 | | DO NOT WRITE IN THIS SPACE | | | | |
| Principal Place of Business 2a, Making Address 4, FEI Number Application Application Solite, Apt. 4, etc. 26 Suite, Apt. 4, etc. 27 Suite, Apt. 4, etc. 28 Suite, Apt. 4, etc. 28 Suite, Apt. 4, etc. 28 Suite, Apt. 4, etc. 27 Suite, Apt. 4, etc. 28 Suit | | | | | | · | | | |
| Sulfo, Apt #, etc. Sulfo, Ap | | | | | | 11/30/1994 | | | |
| Suite Apt #, etc. Suite Apt #, etc. Suite Apt #, etc. State City & State | 2. Principal P | lace of Business | 2a. Mailing Address | | - | | | Ap | plied For |
| City & State Ci | 21 | | | | | 65-0536781 | | | |
| City & State 2 2 2 2 2 2 3 3 5 5 5 5 5 5 5 5 | | | | | 5. Certificate of Status Desired | | | | |
| 20 20 20 20 20 20 20 20 | City & State | | City & State | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 28 | 23 | | | | Trust Fund Contribution | | Added 1 | o Fees | |
| 10, Name and Address of New Registery Agent 10, Name and Address (P.O. Box Number is Not Acceptable) 10, Name and Address of New Registery Agent 10, Name and Address (P.O. Box Number is Not Acceptable) 10, Name and Address of New Registery Agent 10, Name and Registery Agent 10, Name and Address of New Registery Agent 10, Name and Address of New Registery Agent 10, Name and R | | Country | Z·p | Countr | у | | | | |
| OUESADA, ERASMO C 6900 S.W. 8TH ST. MIAMI FL 33144 | 24 | | | 30 | | | | | J No |
| BOOL S.W. BTH ST. MIAMI FL 33144 11. Pursuant to the provisions of Socions 607 D502 and 607 1508. Florida Statutos 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 office or registered agent, or both, in the State of Florida Statutos the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and the State of Florida Statutos the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and the largest add the state of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered spent, and the state of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the purpose of changing its registered of the purpose of changing its registered of the corporation's board of directors. I hereby accept the purpose of changing its registered of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of dir | <u></u> | | | | T Name | 10. Name and Address of New H | egistered | Agent | |
| ## City ## Cit | | | | *' | ivanie | | | | |
| SIGNATURE PD | 1 | | | 82 | Street Add | dress (P.O. Box Number is Not Accepta | able) | | |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607 1508. Florida Statutes, the above 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 appoint its registered agent, am familiar with, and accept the obligations of, Soction 607 0505. Florida Statutes. Signalure, byeed or presentations of presentations of soctions 607 0505. Florida Statutes. | MAMI PL 33144 | | | 83 | 1 | | · | | |
| 11. Pursuant to the provisions of Socions 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, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OLESADA, ERASMO C 12 MAME SIGNATURE S | l | | | | <u> </u> | | | | |
| 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Succh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and this, and accept the obligations of, Soction 607 0505. Florida Statutes SIGNATURE SIGNATURE | | | | | City | | FI | 85 Zip (| Code |
| TITLE NAME OUESADA, ERASMO C 9000 S.W. 8TH ST. MIAMI FL 33144 TITLE STREET ADDRESS CITY-ST-2IP TITLE OUESADA, ELAINE C STREET ADDRESS GOV.ST-2IP TITLE SD OUESADA, ELAINE C STREET ADDRESS GOV.ST-2IP TITLE SD OUESADA, ELAINE C 22 NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TIT | agent. la | m familiar with, and accept the oblig | gations of, Section 607.0505, Floi | rida Statute | 98. | | | or changing it | s registered registered |
| NAME QUESADA, ERASMO C 12 NAME 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 1.4 CITY-ST-ZIP | 12. OFFICERS A | | ID DIRECTORS 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AN | D DIRECTOR | S IN 12 |
| ### STREET ADDRESS CITY-ST-ZIP #### SD | TITLE | | DELETE | 1.1 TITLE | | | | Change | Addition |
| TITLE SD DELETE 21 TITLE QUESADA, ELAINE C 22 NAME | NAME | | | 1.2 NAME | | | | | |
| TITLE | STREET ADDRESS | | | 1.3 STREE | T ADDRESS | | | | |
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| | - | | | | | | | Change | Addition |
| MAMP I | NAME | | | 5.2 NAME | | | | | |

5.3 STREET ADDRESS

6.3 STREET ADDRESS

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath, that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is tryle and accurate or director of the corporation or the receiver or trusted enhancement of Block 12 or Block 13 if changed, or on an attachment with an address.