

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**  
 09-22-1999 90013 027 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000019111  
 1. Corporation Name  
**LAZARO GENERAL REPAIRS, INC.**



Principal Place of Business: 14265 SW 47 TERR MIAMI FL 33175 US  
 Mailing Address: 14265 SW 47 TERR MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1995

4. FEI Number: 65-0575773 Applied For: Not Applicable

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 owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
~~CORPORATION~~  
~~2600 SOUTH BAYSHORE DRIVE~~  
~~7TH FLOOR~~  
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name: CARMEN GALLO  
 82 Street Address (P.O. Box Number is Not Acceptable): 9572 SW 57 ST.  
 83  
 84 City: Miami FL 85 Zip Code: 33173

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: CARMEN GALLO DATE: 8/31/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: P DELETED  
 NAME: LAZARO, ARANGO  
 STREET ADDRESS: 14265 SW 47 TERRACE  
 CITY-ST-ZIP: MIAMI FL

TITLE: DELETED  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: DELETED  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: DELETED  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: DELETED  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE:  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE:  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE:  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE:  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE:  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LAZARO ARANGO DATE: 8-31-99 DAYTIME PHONE #: 225-0887

CR2E034 (5/99)