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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028428

1. Corporation Name

P. & R. AUTO REPAIR, INC.

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90031 031 ***150.00



Principal Place of Business Mailing Address							1 100		**********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1910 N.W. 7TH STREET 1910 N.W. 7TH STREET						- [
MIAMI FL 3312	MIAMI FL 33125	33125					DO NOT WRITE I	u TLIIC (SDACE		
						- <u>-</u>	Data Inco	orporated or Qualifed	11113	JI AUL	
						3	04/11/				Į
a Davido - 1 D	land Decimal	2a. Mailing Address					L FEI Num				Applied For
	lace of Business	 				1	65-057			<u> </u>	Not Applicable
21}	#	Suite, Apt. #, etc.					00 001	1104			5 Additional
Suite, Apt.	#, etc.	27				6. Certifcate	of Status Desired	}		Required	
City & Stat	-	City & State	ity & State				- Floation (Compaign Financing		\$5.0	0 May Be
23	ion Communication of the control of the control of	28	¬ '				6. Election Campaign Financing 55.00 May Be Trust Fund Contribution Added to Fees.				
Zip	Country	Zip	Co	untry		-		oration owes the current	ear Inta		
— ·	25	29	30	•		Ι,		Property Tax.	,	☐Yes	⊡KNo
24	9. Name and Address of Curren		90			10		nd Address of New Regi	stered A	gent	
				81	Name						
CAL	DERON, PEDRO			82				I A STATE A ST			
	N.W. 7TH STREET	ļ			Street A	Address	(P.O. Box N	lumber is Not Acceptable)			\
MIA	VI FL 33125			83							
				84	City				FL	85 Zi	ip Code .
44 Dumumt	to the provisions of Sections 607.050.	2 and 607 1508 Florida Statut	e the	ahove	-named o	comorati	on submits	this statement for the pure	ose of o	 changing	its registered
office or r	egistered agent, or both, in the State :	of Florida. Such change was a	utnorize	a bv	the corpo	oration's	board of dir	ectors. I hereby accept the	e appoin	tment as	registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	nda Sta	tutes.	•					*	j
SIGNATURE		A STATE OF THE STA	· Donieten	d Acco	it signature re	nourised who	n rejectating)		DATE		\
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.		ii agriature re	edallen wile		IS/CHANGES TO OFFICE		D DIREC	TORS IN 12
TITLE	DELETE		_			PDS				Chang	
NAME	CALDERON, PEDRO						دمعهد	Pisco			ì
	12244 S.W. 29TH TERRACE				ADDRESS	122	AA Su	ZOTH TELL	NE		
STREET ADDRESS	_			TY-S				33175			1
CITY-ST-ZIP	MIAMI FL 33175	DELETE	_	TILE	1-ZIF					☐ Chang	e Addition
TITLE	VD DALIL A	DE OCCCIO		AME						'	
NAME	OCHOA, RAUL A										1
STREET ADDRESS	1351 S.W. 72ND AVENUE				ADDRESS						}
C!TY-ST-ZIP	MIAMI FL 33144	□ DELETE	_	CITY-S	ST-ZiP			· · · · · ·		[] Chang	e Addition
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NAME	,	_•		IAME "			100	_			}
STREET ADDRESS					ADDRESS						
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NAME				NAME						,	
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NAME				VAME							
OTDEET ADDOCCO			6.3 9	STREET	TADDRESS						i

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 suppliemental 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 provides 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 the appears with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP