

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96 26569

DOCUMENT # P95000057347 (3)

1. Corporation Name

CREATIVE AUTOBODY RESOURCE SALES, INC.



Principal Place of Business

Mailing Address

922 EAST 124TH AVENUE STE C
TAMPA FL 33612

922 EAST 124TH AVENUE STE C
TAMPA FL 33612

12307 S.W. 132nd Ct
MIAMI FL 33186

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12307 S.W. 132nd Ct

26 P.O. Box 164039

4. FEI Number

59-3327030

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33186

25 DADE

29 33116-4039

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, CARLOS
922 EAST 124TH AVENUE STE C
TAMPA FL 33612

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12307 S.W. 132nd Ct

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Signature (sign or printed name of registered agent and type of appointment)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALVAREZ, CARLOS
STREET ADDRESS 922 EAST 124TH AVENUE STE C
CITY-ST-ZIP TAMPA FL 33612 MIAMI FL 33186

1.1 TITLE
2.2 NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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)(k), 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

1/22/96

305 251 9552

CR2E034 (12/95)