

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058899 (2)
1. Corporation Name

G & J BODY SHOP, INC.



Principal Place of Business: 13001 N.W. 32ND AVE, BAY 20, OPA LOCKA FL 33054
Mailing Address: 13001 N.W. 32ND AVE, BAY 20, OPA LOCKA FL 33054

3. Date Incorporated or Qualified: 07/31/1995
3a. Date of Last Report

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

4. FEI Number: 65-0602173
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 [x]

g. Name and Address of Current Registered Agent
RODRIGUEZ, GILBERTO
1531 W. 62ND AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PVST	<input type="checkbox"/>
NAME	RODRIGUEZ, GILBERTO	
STREET ADDRESS	1531 W. 62ND ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/>
NAME	RODRIGUEZ, GILBERTO	
STREET ADDRESS	1531 W. 62ND ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
6. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. 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] DATE: 3/1/96 DAY-TIME PHONE #: 687-8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)