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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 1

SIGNATURE:



ELORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000062897 (0)

AMERICAN AUTO BODY SHOP, INC.

Principal Place of Business Mailing Address 2435 NW 39 AVE 2435 NW 39 AVE MIAMI FL 33142-6739 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1996 08/15/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0602349 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEDEROS, ANTONIO 8825 SW 60 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 84 City Zip Code 85 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 Typed of printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TILLE MEDEROS, ANTONIO NAME 1.2 NAME 8825 SW 60 ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** 1.4 City - ST - 7IP CITY - ST - Z/P TITLE STD DELETE 2.1 TITLE Change Addition LLANES, ALFONSO NAME 2.2 NAME 14011 LEANING PINE DR 2.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 2. 4 CITY - ST- ZIP CHY-S1-7/P Change TITLE DELETE 3.1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIF Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition HITLE . 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the part annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that fer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name solven by the an address. 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this information indicated on this annual report of supplemental am an officer or director of the corporation or the reco

an address.

Date

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