

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # P95000070783 (2)

1. Corporation Name

RAYMOND AUTO SERVICE, INC.



Principal Place of Business

13640 NW 19TH AVENUE BAY 2
OPA LOCKA FL 33054

Mailing Address

13640 NW 19TH AVENUE BAY 2
OPA LOCKA FL 33054

2. Principal Place of Business

21 Raymond Auto Services

2a. Mailing Address

25 Raymond Auto Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 13640 NW 19 Ave Bay #2

27 13640 NW 19 Ave Bay #2

City & State

City & State

23 Opa Locka, FL

28 Opa Locka, FL

Zip

Country

Zip

Country

24 83054

25 Trade

29 33054

30 Trade

g. Name and Address of Current Registered Agent

LINDO, MANUEL E
16041 NE 19TH COURT APT. 1
NO. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0610854

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

10. Name and Address of New Registered Agent

81 Name

Manuel I Lindo

82 Street Address

16041 NE 19th Court

Apt # 1

83

84 City

N.M. Beach

FL

85 Zip Code

33162

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 or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME LINDO, MANUEL E
STREET ADDRESS 16041 NE 19 COURT APT 1
CITY-ST-ZIP NO. MIAMI BEACH FL 33162

TITLE ☐ DELETE

V
NAME LINDO, RAMON
STREET ADDRESS 16041 NE 19 COURT APT 1
CITY-ST-ZIP NO. MIAMI BEACH FL 33162

TITLE ☐ DELETE

T
NAME FLORES, IRMA
STREET ADDRESS 14699 NE 19 AVE APT 1-H BLDG #7
CITY-ST-ZIP NO MIAMI FL 33154

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)