PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070783

1. Corporation Name

RAYMOND AUTO SERVICE, INC.

Principal	Place	nf	Rusiness
T I II IUIPAI	LIGO	v	

%RAYMOND AUTO SERVICES

Mailing Address

%RAYMOND AUTO SERVICES

May 05, 1999 8:00 am Secretary of State

05-05-1999 90019 047 ***150.00

NORTH MIAMI				DO NOT WRITE IN THIS SPACE						
US	US			3. Date Incorporated or Qualifed						
				09/11/1995						
2. Principal Pl	lace of Busines	2a. Mailing Address	Λ.	11	4. FEI Number		A	oplied For		
21 Kau	imon Unto Service	26 13095 West	Divi	e dwy	65-0610854			ot Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			1	5. Certificate of Status Desired		*	Additional equired		
Citros State			20	. /	6. Election Campaign Financing		\$5.00	May Be		
23 NORTH	2Rth Migmia It 28 N. Higmia PC		Flor	_	Trust Fund Contribution			to Fees		
Zip 331	61 25 Dade	29 33161 3	Country	ade	This corporation owes the curre Personal Property Tax.	nt year Inta	ngible Yes	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered A	gent			
			81	Name						
TORRES, ADRIANA 82 Street				Street Addre	ess (P.O. Box Number is Not Acceptate	ole)				
13095 WEST DIXIE HWY.			["	Officer radious (1 .O. Dox radious is not recopiately)						
NO.	MIAMI FL 33161		83							
			84	City		FL.	85 Zip	Code		
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the abov	e-named corpo	oration submits this statement for the p	ournose of o	changing its	registered		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	horized by	the corporatio	on's board of directors. I hereby accept	the appoin	itment as re	egistered		
SIGNATURE						DATE				
	Signature, typed or printed name of registered agent a		13.	nt signature required	ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12		
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/OTIANOED TO OT.	1021107411	Change	Addition		
TITLE	TORRES, ADRIANA		1.2 NAME					_		
NAME	5921 N.W. 193 ST.	,	B.	TADDRESS						
STREET ADDRESS			1.4 C/TY-S	1				}		
CITY-ST-ZIP	MIAMI FL 33015	☐ DELETE	2.1 TITLE	1-211			Change	Addition		
	-	<u></u>	2.2 NAME	Ì				_		
NAME	GARCIA, MARCO A 13095 W. DIXIE HWY.			TADORESS				Į.		
STREET ADDRESS	N. MIAMI FL 33161		2.4 CrTY-5				•			
CITY-ST-ZIP TITLE	14. MICHWITTE 33101	☐ DELETE	3.1 TITLE	51-2F			Change	Addition		
NAME			3.2 NAME					Ì		
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			3.4. CITY-1	1				l		
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS				Į		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP						
MLE		☐ DELETE	5.1 TITLE		•		Change	☐ Addition		
NAME			5.2 NAME	})		
STREET ADDRESS			1	T ADDRESS				į		
CITY-ST-ZIP			5.4 CITY-5	T- ZIP			-			
TITLE		☐ DELETE	6.1 TITLE	}			☐ Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRESS						
CITY-ST-7\P			6.4 CITY- S	T-ZIP						

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 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/pmpowered 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 any address, with all other like empowered.

SIGNATURE: