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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000089748 (4)

P & R PAINT AND BODY SHOP CORP.

Principal Place of Business 12500 SW 130 ST. BAY #8

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



11312 SW 132 CT. W. MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 11/21/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 21 Not Applicable 65-0623652 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. [_] Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLORES, RAUL R 11312 SW 132 CT. W. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 City 85 Zip Code

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 Stonature, typod or profed name of redistered agent and title if applicable (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PST 1.1 TITLE TITLE FLORES, RAUL R 12 NAME NAME 11312 SW 128 CT WEST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

upplied with this tiling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information pole-mental 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 or the receiver of trustee empower dotal execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fining attachment with an address. 14. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed

SIGNATURE:

4/15/98 (305)251-7519