SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

200



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name P95 HARRY'S AUTO CARE, INC.	000096196 (7)	
Principal Place of Business	Mailing Address	
7615 NORTHWEST 27 AVENUE MIAMI FL 33147	7615 NORTHWEST 27 AVENUE MIAMI FL 33147	
		D0
		3. Date incorporated

2a. Mailing Address

City & State

Suite, Apt. #, etc.

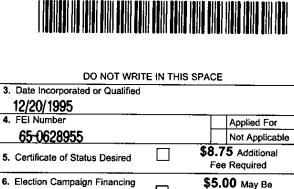
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**FILED** May 12, 2001 8:00 am Secretary of State

05-12-2001 90057 007 \*\*\*150.00



Added to Fees

Trust Fund Contribution

Country Zip - Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. \_ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 81 Name 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83

84 City Zip Code 85

office or	round provisions of sections 607,1502 and 607,1502 registered agent, or both, in the State of Florida. Sugarn familiar with, and accept the obligations of, sections of sectio	ch change was a	authorized by the comoration	on's board of directors. I hereby a	ne purpose of changing its registered coept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	le. (NC	OTE: Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND DIRECTOR	S	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	HOO, MURIEL	_	1.2 NAME		
STREET ADDRESS	7615 NORTHWEST 27 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP		
TITLE	VTD	DELETE	2.1 TITLE		Change Addition
NAME	HOO, HARRY C		2.2 NAME		Change C Addition
STREET ADDRESS	7615 NORTHWEST 27 AVENUE		2.3 STREET ADDRESS	·	
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP		*
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	CHEN, ALICIA		3.2 NAME		Change C Addition
STREET ADDRESS	7615 NORTHWEST 27 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		:
TITLE		DELETE	5.1 TITLE	<del></del> -	Change Addition
NAME			5.2 NAME		Charge C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Channa Addising
NAME			6.2 NAME		L Change L Addition
STREET ADDRESS			6.3 STREET ADDRESS	<b>V</b>	
			0.0 OFREE I ADDRESS		

6.4 CITY-ST-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 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. TAKRY

SIGNATURE:

SIGNATURE REQUIRED

3056967905