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PROFIT 'CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000011260 (2)

FILED Apr 14 1997 8:00am Secretary of State

1. Corporation Name AIRPORT AUTOMOTIVE REPAIR CENTER, INC. Principal Place of Business Mailing Address 2517 N.W. 38TH COURT MIAMI FL 33142 MIAMI FL 33142 2517 N.W. 38TH COURT										
					ļ;	3. Date Incorporated or Qualified 02/05/1996	3a. Da	ate of Last F	Report	
2. Principal Place of Business		2a. Mailing Address	*******			4. FEI Number	_	V A	pplied For	
21		26							ot Applicable	
Suite Apt.	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & Stat	e	City & State			(6. Election Campaign Financing	_		May Be	
Zip	Country	28	Countr	у		Trust Fund Contribution 8. This corporation has liability for Florida Statutes	intangible Yes [tax under s	to Fees s. 199.032,	
4	25 9. Name and Address of Curr	29 rent Registered Agent	30		1	0. Name and Address of New Re				
FAL	CON, ALBERTO		81	Name					·-,	
4020 N.W. 9TH STREET MIAMI FL 33128				Street /	Address 3225	ST TOLEDANO (P.O. Box Number is Not Acceptate S.W. 57th Ct.	ole)			
			84	City				65 Zip	Code 155	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statuter office or registered agent, or both, in the State of Florida. Such change was augent. I am familiar with, and accept the obligations of, Section 607,0505, Flor				Miami,		ion submits this statement for the r	FL	. 33	155	
SIGNATURE	Sign date, forms or printed name of registered	(21)	TE: Registered A							
12.	OF IOLIG	AND DIRECTORS	13.		requireo wr	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12	
12. Tille	PD	ND DIRECTORS X DELETE			PS	ADDITIONS/CHANGES TO OFFI		DIRECTO Change	RS IN 12 X Addition	
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14. I do hereby certify that the information supplied with this tiling 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.

SIGNATURE

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/17

Daytime Phone #

0196217