

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).

0046181

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP 29 PM 3:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000022093 (4)

1. Corporation Name  
 MUNCHY'S AUTOMOTIVE REPAIR, INC.



Principal Place of Business

11540 SW 120 ST  
 MIAMI FL 33176  
 US

Mailing Address

15300 SOUTHWEST 103RD PLACE  
 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

65-0650382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

10. Name and Address of New Registered Agent

81 Name

Suzel Utrera PB/A Amerilawyer

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave

83

84 City CG

FL

85 Zip Code

33134

11. Pursuant to the provisions of sections 607.0502 and 607.018, 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 for the corporation with and accept the duties and responsibilities of a registered agent under section 607.0105, Florida Statutes.

SIGNATURE BY: *[Signature]*

SPIEGEL & UTRERA DOING BUSINESS AS AMERILAWYER

9/28/98

Natalia Utrera Vice President

12. OFFICERS AND DIRECTORS

TITLE PD  
 NAME GOIZUETA, RAMON F  
 STREET ADDRESS 15300 SOUTHWEST 103RD PLACE  
 CITY-ST-ZIP MIAMI FL 33156

DELETE

TITLE STD  
 NAME GOIZUETA, LUISA DE LOS A  
 STREET ADDRESS 15300 SOUTHWEST 103RD PLACE  
 CITY-ST-ZIP MIAMI FL 33156

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

500002652755-1  
 -09/30/98-01078-025  
 \*\*\*\*550.00 \*\*\*\*550.00

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.

SIGNATURE: *[Signature]* / Luisa Goizueta 9/27/98

305-448-9824

CR2E034 (5/98)