

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mayhew Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056268 (1)
 1. Corporation Name
P & E AUTO REPAIRS, INC.



Principal Place of Business 14701 NORTHWEST 3RD AVENUE MIAMI FL 33168	Mailing Address 14701 NORTHWEST 3RD AVENUE MIAMI FL 33168-4231
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2. Principal Place of Business 21 2101 N.W. 141 ST	2a. Mailing Address 26 2101 N.W. 141 Street	3. Date Incorporated or Qualified 07/03/1996	3a. Date of Last Report 1/1/97
Suite, Apt. #, etc. 22 Bay 12	Suite, Apt. #, etc. 27 Bay 12	4. FEI Number 62-0682824	Applied For Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33054	Country 25 Dade	29 33054	30 Dade

9. Name and Address of Current Registered Agent CHARLEMAGNE, GEORGE 14701 NORTHWEST 3RD AVENUE MIAMI FL 33168		10. Name and Address of New Registered Agent	
81 Name Pradel Emmanuel	82 Street Address (P.O. Box Number is Not Acceptable) 2101 N.W. 141 ST Bay 12	83	84 City Miami
		85 Zip Code FL 33054	

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: *Pradel Emmanuel* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Pradel Emmanuel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EMANUEL, PRADEL		1.2 NAME	
STREET ADDRESS 14701 NORTHWEST 3RD AVENUE		1.3 STREET ADDRESS 777 N.W. 155 Lane # 308	
CITY - ST - ZIP MIAMI FL 33168		1.4 CITY - ST - ZIP Miami, FL. 33169	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOURDET, ELSIE		2.2 NAME	
STREET ADDRESS 777 NORTHWEST 155 LANE #308		2.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33169		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS 400002100644 -02/28/97--01005--000 ***165.00	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: *Pradel Emmanuel* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)