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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063548 (7)

THREE BROTHERS PAINT & BODY SHOP, INC.

Principal Place of Business Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



2215 SOUTH WEST 59TH TERRACE HOLLYWOOD FL 33023			2215 SOUTH WEST 59TH TERRACE HOLLYWOOD FL 33023		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 07/29/1996	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0684101	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	,	8. This corporation owes or has paid the cu	` ` _
24	25	29	30			∐ Yes ☐ No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	Agent
GISPERT, JUAN				INATINE		
(スプリー・コンドラン SOUTH WEST 59TH TERRACE HOLLYWOOD FL 33023				82 Street Address (P.O. Box Number is Not Acceptable)		
·			63			
		0	84	•	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida	Statutes, the above	e-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with and accept the	bigation et. Section 607.050	5, Florida Statutes	i ilie corpora S.	more board or directors. Thereby accept the ap-	politiment as registered
SIGNATURE	אר ע'ע	7/				
		d Mont and title if applicable.	(NOTE: Registered Age	nt signature requi		
12. TOTLE	PD	AND DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	GISPERT, JUAN 2	U OLLLI				☐ Change ☐ Addition
	2215 SOUTH WEST 59TH	TERRACE	1.2 NAME			
STREET ADDRESS	HOLLYWOOD FL 33023	ITEMPOL	1.3 STREET			
CITY-ST-ZIP TITLE	VD	DELET	1.4 CITY-S E 2.1 TITLE	T-ZIP		Change Addition
NAME	GISPERT, MARIA E		2.2 NAME		•	C) Change C Addition
STREET ADDRESS	2215 SOUTH WEST 59TH	TERRACE	2.2 NAME 2.3 STREET	4000000		
CITY-ST-ZIP	HOLLYWOOD FL 33023					
TITLE	STD	DELET	2. 4 CITY - 5 E 3.1 TITLE	11 - ZIP		Change Addition
NAME	GISPERT, ANALYER		3.2 NAME			El puntido El vogition
STREET ADDRESS	2215 SOUTH WEST 59TH	TERRACE	3.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023	· · — · · · = · · · · · ·	3.4. CITY-S			
TITLE		DELET		LII		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	1		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELET		-"		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1	- 1		
TITLE		DELET				Change Addition
NAME			6.2 NAME			• –
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST			

14. I hereby certify that the information supplied with this filing foes 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 tistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receive for Block 12 or Block 13 if changed, or op a fattact rien with an address