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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069397 (3)

FLORIDA'S JUNK YARD, CORP.

	·
Principal Place of Business	Mailing Address
200 SW 79 CT MIAM! FL 33144	200 SW 79 CT MIAMI FL 33144-2238

FILED Apr 02 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address			CASAGE IN INITIAL STATE			
200 SW 79 CT MIAM! FL 3314		200 SW 79 CT Miami FL 33144-2238				
				3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Country	8. This corporation has liability for		
24	25		30		Yes No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	glatered Agent	
	z, eduardo		81 Name			
	SW 79 CT		82 Street	Address (P.O. Box Number is Not Acceptab	le)	
MIA	VII FL 33144		83		· · · · · · · · · · · · · · · · · · ·	
•			84 City		85 Zip Code	
11. Pursuant "office or re agent. La	to the provisions of Sections 607,050 egistered agent, or both, in the State to familiar with, and accept the oblid	i2 and 607.1508, Florida Statute of Florida. Such change was at ations of Section 607.0505. Flor	s, the above-named uthorized by the corp rida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	surpose of changing its registered of the appointment as registered	
SIGNATURE						
12,	Signature: typical or printed name of registered age OFFROM AN	on and life if applicable (NOTE: D DIRECTORS	Registered Agent signature	required when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	
TIILE	OFFICERS AN	DELETE		Pre sine No	Change Z Addition	
NAME		band a part of	1.2 NAME	EDUAL DU CRUZ		
STREET ADDRESS			1.3 STREET ADDRESS	200 5 W 79 CT		
CITY - S1 - ZIF			14 CITY+ST-ZIP	MINUL Fer 331	4 4	
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition	
NAME			22 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-SI-7IF			2. 4 CITY - ST - ZIP			
11D.F		☐ DELETE	3.1 YITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY+ST-ZIP			3.4. CITY-ST-ZIP			
THEF	The state of the s	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADURESS			4.3 STREET ADDRESS			
CHY-S'-7P'			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.5 TITLE	!	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CiTY+S1+2IP			5.4 CITY - ST - 2IP	4		
TALE		☐ DELETE	6.1 TITLE	20000212	Change Addition	
NAME			6.2 NAME	30000213 -04/02/970113	24014	
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	O λ*1	
CITY - ST - 20°			6.4 CITY-ST-ZIP	****103,00		

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 maname appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone #

Pate