

Amended \$ 61.25

~~FILE NOW. FILING FEE \$550.00~~

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -3 PM 1:13

DOCUMENT # P 96000070816

1. Corporation Name

Miami Auto Body Supply Inc

Principal Place of Business

Mailing Address

Miami Auto Body Supply Inc  
5408 N.W. 72 Avenue  
Miami, Florida 33166

3. Date Incorporated or Qualified

8/26/96

3a. Date of Last Report

09, 1997

2. Principal Place of Business

21 5408 N.W. 72 Avenue

Suite, Apt. #, etc.

22

City &amp; State

23 Miami, Florida

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

65-0691845

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

X FELIPE J RABRE  
13500 N. KENDALL DR  
MIAMI FL 33186

81 Name

JULIETTA CHIRYARIS

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

2 EAST SUNRISE AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33133

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

10-28, 1997

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☒ DELETE  
NAME JUAN CARDENAS  
STREET ADDRESS 9555 N.W. 52 ST. #508  
CITY-ST-ZIP Miami, Florida 33178

11 TITLE President ☒ Change ☐ Addition  
12 NAME JULIETTA CHIRYARIS  
13 STREET ADDRESS 2 EAST SUNRISE AVENUE  
14 CITY-ST-ZIP CORAL GABLES, FL 33133-0000

TITLE FELIPE J RABRE ☒ DELETE  
NAME  
STREET ADDRESS 13500 N KENDALL DR #296  
CITY-ST-ZIP MIAMI FL 33186

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 900002340509--6  
34 CITY-ST-ZIP -11/06/97--01002--056

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28, 1997 # (305) 2290109

JUAN CARDENAS Julietta Chiriaris

CR2E034 (9/96)