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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000078861 (7)

1. Corporation Name
ALGARROBO AUTO REPAIR INC.

Principal Place of Business
11633 NW 91TH PL.
HIALEAH GARDENS FL 33018

Mailing Address
11633 NW 91TH PL.
HIALEAH GARDENS FL 33018-4159



2. Principal Place of Business 21 7018 SW 4TH ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA. Zip 24 33144		2a. Mailing Address 26 7018 SW 4TH ST. Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33144		3. Date Incorporated or Qualified 09/23/1996		3a. Date of Last Report	
Country 25 DADE.		Country 30 DADE.		4. FEI Number 65-0694412		Applied For Not Applicable	
9. Name and Address of Current Registered Agent MEDINA, JULIO C 11633 NW 91TH PL. HIALEAH GARDENS FL 33018		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7018 SW 4TH STREET. 83 84 City MIAMI FL 85 Zip Code 33144		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, JULIO C	1.2 NAME	
STREET ADDRESS	11633 NW 91TH PL.	1.3 STREET ADDRESS	7018 SW 4TH STREET
CITY - ST - ZIP	HIALEAH GARDENS FL 33018	1.4 CITY - ST - ZIP	MIAMI FL 33144
TITLE	DST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, RAFAEL P	2.2 NAME	
STREET ADDRESS	11633 NW 91TH PL.	2.3 STREET ADDRESS	7018 SW 4TH STREET.
CITY - ST - ZIP	HIALEAH GARDENS FL 33018	2.4 CITY - ST - ZIP	MIAMI FL 33144
TITLE		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		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: *[Signature]* Date: April 29, 97 (305) 264-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)