## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000093130 (8)

CHABON AUTO CARE INC.

## **FILED** Sep 19 1997 8:00am Secretary of State



Principal Place		Mailing Address				
5273 SW 145 AVE 5273 SW 145 AVE						
MIAMI FL 33184	IIAMI FL 33184 MIAMI FL 33184			DO NOT WRIT	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a, Date of Last Report	
				11/08/1996		
2. Principal Plan	ce of Business	2a. Mailing Address	·····	4. FEI Number	Applied For	
21 2740			SAME	65-0765078		
Sulte, Apt. #,		Suite, Apt. #, etc.	. , ,		¢0.75	
22		27		5. Certificate of Status Desired	Fee Required	
Çity & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 HIACE	AH FL	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year Intangible	
24 330		29	30	Personal Property Tax due June		
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Ro	egistered Agent	
VINA:	S, JAIME		81 Name	JANET POLAN	ردی	
	SW 145 AVE		B2 Street	Address (P.O. Box Number is Not Accepta	ble)	
MIAMI FL 33184					01 tezz	
*			83			
			84 City	_	85 Zip Code	
				A LAM I	FL     330(5	
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 ancept inc obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE 7	How Pala	4100	JANET 1	OCANCO	8-18-97	
SI			NOTE. Registered Agent signatur		DATE	
12.	PD OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition	
TITLE	VINAS, JAIME	DECESE.	1.1 TITLE			
NAME	5273 SW 145 AVE		1.2 NAME		FROM	
STREET ADDRESS	·='		1.3 STREET ADDRESS		וֹעַ	
CITY-ST-ZIP	MIAMI FL 33184	DILETE	1.4 CITY - ST - ZIP		Change Acidition C	
TITLE	RUBEND. POLAN	دی ا	2.1 TITLE			
	9740 W 6AV.		2.2 NAME			
	HIALEAH FL 3	3010	2.3 STREET ADDRESS	]		
TITLE VICE			2 4 CHY-SI-ZIP 3.1 TITLE		Change Addition	
	LUIS E. GANCH		70.		Orlange Accounts	
NAME	13457 SW 62	Sec.				
STREET ADDRESS	MIAMI FL	33183TRE	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-ST-ZIP 4.1 TITLE		Change Addition	
1		_ often	4. 2 NAME	1	E Shango E radiilon	
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			.,			
CITY-ST-ZIP		DELF1E	44 CITY-ST-ZIP 51 TITLE		☐ Change ☐ Addition	
TITLE		L.J. ppci it	5 2 NAME	1	L STATISTICS	
NAME CYPTET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		1/4 -114/9/11	
STREET ADDRESS					13 4/1711	
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY - ST - ZIP 6.1 TITLE	<b> </b>	☐ Change ☐ Addition	
		L_J DILLIL		30000228	18473	
NAME			6.2 NAME	-09/19/97011	06014	
STREET ADDRESS			63 STREET ADDRESS	***550.00		
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 on an atlachment with an address.