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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095261

1. Corporation Name RAIL ROAD AUTO CENTER BO	ODY SHOP, INC.			
Principal Place of Business	Mailing Address			r (gg)(gg) its read said said
3765 NW 79TH ST. MIAMI FL 33147	3765 NW 79TH ST. MIAMI FL 33147			DO NOT V
				3. Date Incorporated or Quali 11/21/1996
Principal Place of Business 1	2a. Mailing Address			4. FEI Number 65-0709486
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire
City & State	City & State			Election Campaign Finance Trust Fund Contribution
Zip Country 24 25	Zip 30	Country		This corporation owes the Personal Property Tax.
	Current Registered Agent	<u> </u>		10. Name and Address of Ne
		81	Name	
ESCOBAR, JOSE A 3765 NW 79TH ST.		82	Street	Address (P.O. Box Number is Not Acc
MIAMI FL 33147		83		,
		84	City	
Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the	607.0502 and 607.1508, Florida Statutes, le State of Florida. Such change was auth e obligations of, Section 607.0505, Florida	orized by	the corp	corporation submits this statement for oration's board of directors. I hereby a
SIGNATURE Signature, typed or printed name of regi	stered agent and title if applicable. (NOTE: Re	egistered Age	nt signature i	required when reinstating)
	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO
TITLE DPST	☐ DELETE	1.1 TITLE		
NAME ESCOBAR, JOSE A		1.2 NAME		

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90215 010 ***150.00



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Telection Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution The Campaign Financing Trust Fund Contribution This corporation owes the current year Intangible Personal Property Tax. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) This campaign Financing Fee Required St.00 May Be Added to Fees No Name and Address of New Registered Agent FL 85 Zip Code The Code The Statement for the purpose of changing its registered for any of directors. I hereby accept the appointment as registered Treinstating) DATE Change Additional Change Additional The Required T	· · · · · · · · · · · · · · · · · · ·	S SPACE		
Applied For Rot Applicable Rot Applicable Rot Applicable Rot Applicable Rot Applicable Rot Required Rot Requir	Date Incorporated or Qualifed			
Certificate of Status Desired				
Certifcate of Status Desired		L	.,	
Election Campaign Financing Trust Fund Contribution - Added to Fees This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) FL 85 Zip Code In submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Change Chang	65-0709486	•]		
Trust Fund Contribution Added to Fees This corporation owes the current year Intangible Personal Property Tax.	Certificate of Status Desired	+		
Personal Property Tax.				
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PL 85 Zip Code on submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	. Name and Address of New Registered	d Agent		
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reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	F			
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11046 SW 2ND ST. 1,3 STREET ADDRESS STREET ADDRESS MIAMI FL 33174 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRES STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (30-)694-3074

Daytime Phone #