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

**PROFIT** CORPORATION

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NAME

COF ANNU	PROFIT RPORATION JAL REPORT 1998		Sandra Secre	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				Apr 13 1998 8:00am Secretary of State			
POCUMENT # P96000095902 (8) CASTELLANOS AUTO REPAIR INC.											
Principal Place of Business Mailing Address								E HADDINDO HID KRUIS QUARE ADEIL DANN	00(I) 01(I) H	PO BIJIO (DIII 80)	III HARI IOTI
10300 SW 35TH ST 10300 SW 35 ST MIAM! FL 33165 US US					DO NOT WRITE IN THIS SPACE						
<b>4</b> 0			00					3. Date Incorporated or Qualified			
								11/25/1996			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ar	pplied For
21								65-7977111		No.	ot Applicable
22								5. Certificate of Status Desired			Additional equired
City & State City & State								6. Election Campaign Financing	_	\$5.00	
					untry			Trust Fund Contribution		Added	
24 25 29 30					ы па у		í	78. This corporation owes or has Personal Property Tax due Jui			J No
9. Name and Address of Current Registered Agent								10. Name and Address of New I			=:
Castellanos, ernesto 10300 SW 35TH St. Miami Fl 33165					81 82 83	Name Street	Addres	ss (P.O. Box Number is Not Accept	able)		
					83	City	· <u>-</u> -		FI	<b>B5</b> Zip	Code
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 region office or registored 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									s registered registered		
SIGNATURE			•				required	when reinstating)	DATE	·	
Signature typed or printed name of registered agent and title if applicable [NOTE Re- 12. OFFICERS AND DIRECTORS							1040.100	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	D DELETE			1.1 T	1.1 TITLE					Change	Addition
NAME	CASTELLANOS, ERNESTO			1.2 N	1.2 NAME						
STREET ADDRESS	10300 SW 35 ST.				1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33165				1.4 CITY-ST-ZIP						
TITLE	DELETE			2.1 T	2.1 TITLE					Change	Addition
NAME				2.2 N	IAME						ŀ
STREET ADDRESS					2.3 STREET ADDRESS						
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TITLE			DELETE	3.1 T	ITLE		3			L. Change	Addition
NAME				3.2 N	IAME						
STREET ADDRESS				3.3 S	TREET	adoress	] ;				
CITY-ST-ZIP		<del></del>			CITY-S	T-ZIP	<u> </u>				
TITLE	_		☐ DELETE	4.1 1	ITLE					☐ Change	Addition

4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

4.2 NAME

14. Thereby 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 chapted, or go an attachment with an address.

E Castellanos

305 554-841

**FILED**