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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000097392 (0)

G & S AUTO REPAIR, INC.

FILED Feb 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | 1 198111981 119 18111 81111 88111 88111 88111 88 | |
|--|-----------------------|---------------------|---------------------------------------|--|-----------------------------------|
| 1740 NW 22 COURT - BAY 1 1740 NW 22 COURT POMPANO BEACH FL 33069-1327 POMPANO BEACH F | | | DO NOT WRITE IN TH | IIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 12/03/1996 | |
| L | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 | | | | 65-0710529 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | · · · · · · · · · · · · · · · · · · · | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name 4, 14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | | |
| | aitan, jorge | 11111AM SANCHE | 2 | | |
| 1740 NW 22 COURT - BAY 1 | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | · · · · · |
| POMPANO BEACH FL 33069-1327 | | | | | _A |
| | | | 83 79 | 767 SW 5 SOM | P |
| 1 | | | 84 City | 1 10.011/0 | 85 Zip Code |
| 11 · LRUPECCAFIT | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. | | | | | |
| agent. I am familiar with, and accept the obligations of Section 607/0505, Florida Statutes. | | | | | |
| SIGNATURE Signature, typed or pointed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE | | | | | |
| 12. | | ND DIRECTORS. | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | PD | DELETE | 1.1 THTLE | ADDITION OF THE PROPERTY | Change Addition |
| NAME | GAITAN, JORGE | | 1.2 NAME | | - |
| STREET ADDRESS | 171 NE 30 CT. | • | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33 | 064 | 1.4 CITY - ST - ZIP | | . , |
| TITLE | VD | DELETE | 2.1 TITLE | PD. | Change |
| NAME | SANCHEZ, WILLIAM | | 22 NAME | WILLAM SANCHEZ 7967 SW N. LAUDERDALE, | |
| STREET ADDRESS | 8120 SW 22 ST., #114B | | 2.3 STREET ADDRESS | 7967 5W | 5 STREET |
| CITY-ST-ZIP | N. LAUDERDALE FL 3306 | 8 | 2. 4 CITY-ST-ZIP | N. LAUDERDALE, | FL. 33068 |
| TITLE | | DELE te | 3.1 TITLE | , | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELE te | 51 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CITY-ST-ZIP | | Observe Ladance |
| TITLE | | ☐ DELET É | 6.1 TATLE | • | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | in Section 119 07/3Vi) Florida Statutes I furthe | |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 efficier 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 excress