Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098315

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

CHUCHO AUTO REPAIRS, INC.

01100110								
•	, _							
Principal Place	e of Business	Mailing Address						,
8600 NW 27TH		8600 NW 27TH AVE.			ľ			
MIAMI FL 33147 MIAMI FL 33147						DO NOT WRITE IN	THIS SPACE	
					 3	3. Date Incorporated or Qualifed		
						12/02/1996		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
	and of Eddings	26				65-0708907	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22	.,	27			1 5	5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State	-		- 6	6. Election Campaign Financing	\$5.00	May Be
- ¬		28	3			Trust Fund Contribution	Added to	Fees
Žip	Country	Zip	Cour	try	٤	This corporation owes the current y		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent				Name and Address of New Regis	tered Agent	
CHAI	REZ, APOLONIO			81 Name				
			ţ	82 Street	Address	(P.O. Box Number is Not Acceptable)		
8600 NW 27TH AVE. 3 MIAMI FL:33147						<u> </u>		
→ IVIII/AIN	VII FE-35147			B3				
				84 City		· · · · · · · · · · · · · · · · · · ·	FL 85 Zip C	++ + * <u>.</u> -
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the ab	ove-named	corporati	on submits this statement for the purp board of directors. I hereby accept the	ose of changing its	registered
office or re agent. I as	registered agent, or both, in the Sta m familiar with and accept the obli	te of Florida. Such change was at gations of, Section 607.0∯05, Flor	umprized riga Statu	by the corpo les.	oranon's i	board of directors. Thereby accept the		Jistorou
	Val Col					ı	P) I
SIGNATURE	Signature, typed opprigred warne of registered a	agent distrible if applicable. NOTE:	: Registered	gent signature re	required whe	en reinstating) D.	AlE Ale)
SIGNATURE		agent app title if applicable. NOTE:	: Registered .	gent signature r	required whe	n reinstating) D. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
		<u> </u>			required whe	in reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	PD SUAREZ, APOLONIO	AND DIRECTORS	13.	E	required whe	rr reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
12.	PD SUAREZ, APOLONIO	AND DIRECTORS	13. 1.1 TIT 1.2 NA	E		n reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
12. TITLE NAME	PD SUAREZ, APOLONIO	AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STE	E AE		in reinstating) D. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS	PD SUAREZ, APOLONIO 990 NE 156TH TERRACE	AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STE	E ME MEET ADDRESS (-ST-ZIP		in reinstating) D. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, APOLONIO 990 NE 156TH TERRACE	AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STE 1.4 CIT	E AE REET ADDRESS (-ST-ZIP		in reinstating) D. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SUAREZ, APOLONIO 990 NE 156TH TERRACE NO MIAMI BEACH FL 33162	AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA	E AE REET ADDRESS (-ST-ZIP	;	in reinstating) D. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	☐ Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Y