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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100790 (0)

AAA TRANSMISSION CENTER & AUTO REPAIR, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				- I Indiana is some sitt om ont delet men only delin india		
6596 TAFT ST		6596 TAFT ST						
HOLLYWOOD FL 33024		HOLLYWOOD FL 33024						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	<u>_</u>					12/13/1996		
	Place of Business	2a. Mailing Address				4. FEI Number	App	ofied For
21		26				65-0714121	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional
22		27				•. Certificate of Status Desired	Fee Rec	quired
City & Stat	19	City & State	City & State			Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the cu		ngible
24	25	29	30			1		No
	9. Name and Address of Curre	nt Registered Agent		ļ.,		10. Name and Address of New Registered	Agent -	
	DU\$KILA, HANAN			81	Name			
	96 TAFT ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
j H(OLLYWOOD FL 33024							
				83				
ļ				84	City		85 Zip C	odo
				64	City	FL	85 Zip C	ode
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named cornoration 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.								
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	E Registere	d Age	nt signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13,	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICERS AND	_	
TITLE	PO DELETE		1.1 î	ITLE			L Change	☐ Addition
NAM€	BOUSKILA, HANAN	1.		1.2 NAME				
STREET ADDRESS	6596 TAFT ST		1.3 ST		ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 0	1.4 CITY - ST - ZIP				
TITLE	VD	☐ DELETE	DELETE 2.1 TII				Change	Addition
NAME	ELHIANY, MIRIAM		2.2 N	AME				
STREET ADDRESS	6596 TAFT ST		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024				iT-ZIP			
TITLE		☐ DELETE	☐ DELETE 3.1 TI				Change	Addition
NAME			3.2 N	AME	ļ			
STREET ADDRESS			3.3 S	TAEET	ADDRESS			
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP			
TITLE			4.1 T	4.1 TITLE			Change	Addition
NAME			4.21	IAME				
STREET ADDRESS	HESS 4.33		TREET.	ADDRESS				
CITY-ST-ZIP			ITY-\$1					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			52 N	AME				
STREET ADDRESS			5.3 S	TREET.	ADDRESS			
CITY-ST-ZIP				ITY-S1				
TITLE			6.1 T				Change	Addition
NAME			6.2 N				-	į
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-SI				

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 receiptur 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 attantiment with an address.

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1-1-08