

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000103694 (1)**

1. Corporation Name

**MIAMI CAR CARE INC.**

Principal Place of Business

Mailing Address

**7931 SW 136TH AVE  
MIAMI FL 33183**

**7931 SW 136TH AVE  
MIAMI FL 33183-4141**



2. Principal Place of Business		2a. Mailing Address	
21	13871 SW 142nd Ave	26	7931 SW 136th Ave
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Miami, FL	28	Miami, FL
Zip		Zip	
24	33183	29	33183
Country		Country	
25	Dade	30	Dade

3. Date Incorporated or Qualified	3a. Date of Last Report
12/23/1996	
4. FEI Number	Applied For
05-0732332	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAMPS, ESTRELLA  
7931 SW 136TH AVE  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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 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, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	Vice President
NAME	CAMPS, ESTRELLA	1.2 NAME	Estrella Camps
STREET ADDRESS	7931 SW 136TH AVE	1.3 STREET ADDRESS	7931 SW 136th Ave
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	Mia, FL 33183
TITLE		2.1 TITLE	President
NAME		2.2 NAME	Jorge J. Camps
STREET ADDRESS		2.3 STREET ADDRESS	7931 SW 136th Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Mia, FL 33183
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

**SIGNATURE:**

*J. Camps*

*Estrella Camps*

*3/15/97*

*270-5862*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0004786

CR2E034 (9/96)