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

**PROFIT** CORPORATION ANNUAL REPORT

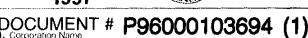


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



DOCUMENT # P96000103694 (1) MIAMI CAR CARE INC. Principal Place of Business Mailing Address 7931 SW 136TH AVE 7931 SW 136TH AVE MIAMI FL 33183 MIAM! FL 33183-4141 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 Mailing Address

1991 W 18PF 2. Principal Place of Business Applied For *(*05-0732332 27 13671 SW 142 nd 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 Jv & State & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Dode 8. This corporation has liability for intangible tax under s. 199.032, Dayle Yes 🔲 No 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAMPS, ESTRELLA 7831 SW 136TH AVE Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33183 83 84 City Zip Code 65 11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statules, 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURI Signature, typied or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE 1.1 TITLE Change Addition HILE CAMPS, ESTRELL 1.2 NAME NAME 7931 SW 136TH AVE STREET ADDRESS 31 SW 13VEHR AU 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZP 1.4 CITY-ST-ZIP DELETE Change Addition THEE 2.1 TITLE 2.2 NAME N4M8 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF DITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition THEF 4 1 THUE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-7IP DELETE 5.1 TITLE Change Addition

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 Blog

5.2 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADORESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

SIGNATURE:

111\_E

NAME

THEF NAME

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

Change

Addition

**FILED** 

May 08 1997 8:00am

Secretary of State