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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004450

1. Corporation Name

Principal Place of Business

G & I MECHANICAL & BODY SHOP, INC.

4316 NW 22 AVE. MIAMI FL 33142		4316 NW 22 AVE. Miami FL 33142			DO NOT WRI	TE IN THIS S	SPACE			
						3. Date Incorporated or Qualifed 01/15/1997				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	r	
21		26				65-0720563	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additiona	ı
22		27				- Contracte of Calabo Books		Fee	Required	
City & State	е	City & State				6. Election Campaign Financing			00 May Be	l
23		28				Trust Fund Contribution		Add	ed to Fees	
Zip 24	Country 25	Zip 30	Country			This corporation owes the curr Personal Property Tax.	-	ngible	□No	
	9. Name and Address of Currer	nt Registered Agent			_	10. Name and Address of New F	Registered A	.gent		
001	741 F7 JOEL FOLIO		81	Na	me					
GONZALEZ, IDELFONSO			82 Street		eet Address	s (P.O. Box Number is Not Accepta	able)			
4316 NW 22 AVE.							·			
MAIM	AI FL 33142		83							
			84	City	у		FL	85 Z	ip Code	
office or re agent. I as	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth- tions of, Section 607.0505, Florida	orized by Statutes	the c	corporation's	s board of directors. I hereby accep	ot the appoint	ment as	s registered	
	Signature, typed or printed name of registered age		gistered Ager	nt signa	ture required wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDEC	TODE IN 1	
12.	PTD OFFICERS AN	ID DIRECTORS	1.1 TITLE			ADDITIONS/CHANGES TO OF	FIGERS AND	Chan		
	GONZALEZ, IDELFONSO		1.2 NAME						3	
NAME	4316 NW 22 AVE.		1.3 STREET ADDRESS		cee					
STREET ADDRESS			1.4 CITY-S		.533					
CITY-ST-ZIP	VSD VSD	☐ DELETE	2.1 TITLE	1-ZIP				Chang	ge □ Add	dition
NAME	GONZALEZ. A		2.2 NAME]
STREET ADDRESS	4316 NW 22 AVE		2.3 STREET ADDR		ESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP						•	
TITLE	INIT UTILITY OF TE	☐ DELETE	3.1 TITLE					Chang	ge 🔲 Add	lition
NAME			3.2 NAME							
STREET ADORESS			33 STREET	TADDR	ESS					,
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Chang	ge 🗌 Add	lition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	T ADDR	ESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZiP						
TITLE		☐ DELETE	5.1 TITLE					Chan	ge ∏Add	lition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	TADDR	ESS					- 1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					<u>.</u>	
TITLE		☐ DELETE	6.1 TITLE					Chang	ge 🔲 Add	ition
NAME			6.2 NAME							
			63 STREET	LADDR	ESS I					

6.4 CITY-ST-ZIP

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. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90022 032 ***150.00

Daytime Phone #

CR2E034 (11/98)

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