

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P9700013058 1/1
1. Corporation Name

J.J. AUTO REPAIR INC.

Principal Place of Business

12310 S.W. 117 CT.
MIAMI, FL 33186

Mailing Address

12310 SW 117 CT.
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2/10/97

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip

4. FEI Number

58-2285681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
True Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

8. Name and Address of Current Registered Agent

JULIO JIMENEZ
14309 S.W. 45 TERR
MIAMI, FL 33175

9. Name

10. Street Address (P.O. Box Number is Not Acceptable)

11. City

FL

12. Zip Code

33175

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when relating

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP	JULIO JIMENEZ 14309 SW 45 TERRACE MIAMI, FL 33175	☐ DELETE
VP	CESAR SALVO 15065 SW 57 TERR MIAMI, FL 33193	☐ DELETE
	JULIO JIMENEZ 14309 SW 45 TERR MIAMI, FL 33175	☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY/ST/ZIP	
15 TITLE	☐ Change ☐ Addition
16 NAME	
17 STREET ADDRESS	
18 CITY/ST/ZIP	
19 TITLE	☐ Change ☐ Addition
20 NAME	
21 STREET ADDRESS	
22 CITY/ST/ZIP	
23 TITLE	☐ Change ☐ Addition
24 NAME	
25 STREET ADDRESS	
26 CITY/ST/ZIP	
27 TITLE	☐ Change ☐ Addition
28 NAME	
29 STREET ADDRESS	
30 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 (305) 223-6770

Date

Division Name

CR25034 (10/97)