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Jan 29, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700027902 1. Corporation Name ADVANCED COLLISION FACILITY, INC.				01-29-1999 90052 039 ***1:	58.75
Principal Place	of Business	Mailing Address			
18687 SW 103F		18687 SW 103RD CT			
MIAMI FL 3315	7	MIAMI FL 33157		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
		•		03/27/1997	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0737344	\$8.75 Additional
22	, , , , , , , , , , , , , , , , , , , ,	27	ر ئاسم د	5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	30	This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curren	<u> </u>		10. Name and Address of New Registere	ed Agent
	DODATE OPERTONO ENTERDO	OEO INO	81 Name		
	PORATE CREATIONS ENTERPRI	SES, INC.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	M BEACH GARDENS FL 33418		83	12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,			·	· · · · · · · · · · · · · · · · · · ·	57.39万钱的、贫苗珍贵。
	, .		84 City	F	_ 1 1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes.	ons board of directors. Thereby decept the opi	
SIGNATURE	Signature, typed or printed name of registered agen	A and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF IDENS	AND DIRECTORS IN 12
NAME		D DELETE	1.1 TITLE 1	CHART TO THE STATE OF THE STATE	AND DIRECTORS IN 12 Change Addition
'	DARILAS, VASSILIKI				
STREET ADDRESS	2823 MCKINLEY STREET		1.1 TITLE 1 1.2 NAME 1.3 STREET ADDRESS		
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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.

6.4 CITY-ST-ZIP