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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 11 1998 8:00am

Secretary of State

- A BREANNAN AND LEDIN ARRIN REGIN BRAIN BRAIN BRAIN BRAIN BRAIN BRAIN BAINE AN BAIN AND ANN AN BRAIN BRAIN BR

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000036515 (9)

TANGO PAINT & BODY SHOP INC.

Principal Place	e of Businoss	Mailing Address			t saucat se shirt toan aant aast dans Saide sille and Sildt tiet Bill (#81
1711 WEST 40 STREET 1711 WEST 40 STREET					
#6 Haleah Fl	33012	HIALEAN EL 93012			DO NOT WRITE IN THIS SPACE
}					3. Date Incorporated or Qualified
					04/23/1997
	lace of Business	2a, Mailing Addr	ess	∇-	4. FEI Number Applied For
21	Al ato	26 // 90 Q	1465	<u> </u>	65-0748424. Not Applicable
Suite, Apt.	#, <b>⊌</b> IC.	Suite, Apt. #,	eic.		5. Certificate of Status Desired See Regulated Fee Regulated
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be
23		28 HIDLEAH			Trust Fund Contribution Added to Fees
Zip	Country	Zip		puntry a	8. This corporation owes or has paid the current year Intangible
24	25	29 330/0	Z 30 V	SABE	
	9. Name and Address of Curre	nt Registered Agent		01 Name	10. Name and Address of New Registered Agent
ENRIQUEZ, ANTONIO R					
1 1				Address (P.O. Box Number is Not Acceptable)	
#6				83	
HIALEAH FL 33012					
				84 City	FL 85 Zip Code
11, Pursuant f	to the provisions of Sections 607.05	02 and 607.1508, Floric	da Statules, the	above-named o	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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typod or printed name of registered ac	port and the if applicable	(NOTE: Registe	red Agent signature r	required when reinstating) DATE
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ENDIONICE ANTONIO D	□ DE		TITLE	Change Addition
NAME	ENRIQUEZ, ANTONIO R 1685 W 42 ST, #204			NAME	
STREET ADDRESS	HIALEAH FL 33012			STREET ADDRESS	
CITY-ST-ZIP TITLE	VD VD	DE		CITY-ST-ZIP TITLE	Change Addition
NAME	CHAZARRETA, MA. CONCE	•		NAME	
STREET ADDRESS	1685 W 42 ST, #204	- Clon		STREET ADDRESS	·
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZIP	·
TITLE		DE		TITLE	Change Addition
NAME			3.2	NAME	
STREET ADDRESS			3.3	STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-ST-ZIP	
TITLE		☐ DE	LETE 4.1	TITLE	☐ Change ☐ Addition
NAME			4. 2	NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP		Dr.		CITY-ST-ZIP	Change I Addition
TITLE		L → DE		TITLE	L_  Change L_  Addition
NAME CTREET ADDRESS			1 -	NAME STREET ADDRESS	
STREET ADDRESS				- "	
CITY-ST-ZIP TITLE		□ DE		CITY-S1-ZIP TITLE	☐ Change ☐ Addition
NAME				NAME	The second secon
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP			1	CITY-ST-ZIP	
14, Thereby c	certify that the information supplied v	with this filing does not	quality for the ex	xemption stated	d 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 path; that I am an officer or director of the corporation or the receiver or trusted 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 an an attachment with an address.					