

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000057118 (6)**

1. Corporation Name

**M G TRADE & BODY REPAIR, INC.**



Principal Place of Business <b>4793 E 10 COLT</b> <b>HIALEAH FL 33013</b>	Mailing Address <b>4793 E 10 COLT</b> <b>HIALEAH FL 33013</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 4793 E 10 Court</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Hialeah FL</b> Zip <b>24 33013</b>		<b>2a. Mailing Address</b> <b>26 4793 E 10 Court</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Hialeah FL</b> Zip <b>29 33013</b>		<b>3. Date Incorporated or Qualified</b> <b>06/30/1997</b>	
<b>25 Dade</b>		<b>30 Dade</b>		<b>4. FEI Number</b> <b>65-0765201</b>	
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>ALMONTE, JOSE RAFAEL G</b> <b>4793 E 10 COLT</b> <b>HIALEAH FL 33013</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Almonte Jose Rafael G.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4793 E 10 Court</b> <b>83</b> <b>84 City</b> <b>Hialeah FL</b> <b>85 Zip Code</b> <b>33013</b>
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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 607.0505, Florida Statutes.

SIGNATURE **Almonte Jose Rafael G. DVS**

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

(NOTE: Registered Agent signature required when retreating)

**1-17-98**  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALMONTE, JOSE RAFAEL G</b>	1.2 NAME	<b>Almonte, Jose Rafael</b>
STREET ADDRESS	<b>4793 E 10 COLT</b>	1.3 STREET ADDRESS	<b>4793 E 10 Court</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	1.4 CITY-ST-ZIP	<b>Hialeah FL 33013</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORA, JOSE</b>	2.2 NAME	<b>Mora Jose</b>
STREET ADDRESS	<b>4793 E 10 COLT</b>	2.3 STREET ADDRESS	<b>4793 E Court</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	2.4 CITY-ST-ZIP	<b>Hialeah FL 33013</b>
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALMONTE, CARMEN ELSA G</b>	3.2 NAME	<b>Alva Julio</b>
STREET ADDRESS	<b>4793 E 10 COLT</b>	3.3 STREET ADDRESS	<b>2441 SW 142 PL</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	3.4 CITY-ST-ZIP	<b>Miami FL 33175</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

**Almonte Jose Rafael G. DVS**

**(305) 681-5968**

CR2E034 (10/97)