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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF (DIVISION OF (

1. Corporatio	MIEN # P9700 ACHO BODY SHOP, INC.	0073185 (5)			
Principal Plac	e of Businoss	Mailing Address		L (Rebigori eta taret forti masti matti matti katet Abiti i	IRORA (110) (IRA) SAID) AITI (RA)
5007 E 11 AVE HIALEAH FL 33013		5007 E 11 AVE HIALEAH FL 33013		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	30.702
				08/22/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		65-0775881	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6 Flories Computer Figureins	
23	~	26		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
	p. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Ağent
	RNANDEZ, MANUEL		81 Name		
5007 E 11 AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ни	ALEAH FL 33013		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named cor		
office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	o of Florida. Such change was as nations of, Section 607,0505, Flor	uthorized by the corpora rida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		,			
	Signature, typed or printed name of registered ag		Registered Agent signature requ		
12.		ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE Name	DP Fernandez, Manuel	L. Decere	1.7 MAZ 1.2 NAME		phonge Addition
STREET ADDRESS	3510 W 80 ST #102		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	PATTERSON, CARMEN		2.2 NAME		-
STREET ADDRESS	3510 W 80 ST #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 TILLE F 4, 2 NAME		LJ Change LJ Koulloli
name Street address			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS]
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		(E)	6.2 NAME		Ì
STREET ADDRESS		\vee	6.3 STREET ADDRESS		
0171/ 67 710		\sim	CACITY OF TID		

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 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 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 as if made under oath; that I am an officer or director of the corporation or the discourse or flustee 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: