

ANNUAL REPORT
1999Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 0197000073185
1. Corporation Name

GASPACHO BODY SHOP

Principal Place of Business

Mailing Address

9465 NW 109 ST
SUITE #101 MEDLEY
FLA 33178

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/99

4. FEI Number

65-0775881

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9465 NW 109 ST

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27

City & State

City & State

23 MEDLEY

28

Zip

Country

Zip

Country

24 33178

25 FLORIDA

29

30

9. Name and Address of Current Registered Agent

MANUEL FERNANDEZ
880 SE 4 PL
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANUEL FERNANDEZ (PRESIDENT)
880 SE 4 PL
HIALEAH FL 33010

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PATTERSON, CARMEN (DST)
880 SE 4 PL
HIALEAH FL 33010

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MANUEL FERNANDEZ (PRESIDENT)
880 SE 4 PL
HIALEAH FL 33010

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PATTERSON, CARMEN (DST)
880 SE 4 PL
HIALEAH FL 33010

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/28/99 (305) 882-1003

Date

Daytime Phone #

CR2E034 (1/98)