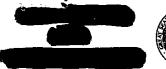
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P97000083628

1. Corporation Name

ARTISTIC COLLISION SERVICE, INC.

Principal Place of Business

Mailing Address

8255 W. 20TH AVENUE HIALEAH FL 33014

8255 W. 20TH AVENUE HIALEAH FL 33014

FILED 02 NOV 14 PM 12: 31



500008997026 11/14/02--01025--025 **150.00

If above	addresses are incorrect in any way, line to	rough incorrect	t information and	enter correction below.	1 2+1.4	rom orogo ogo	**150.00
New Principal Office Address, If Applicable 3. New Ma			ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida On 100 (1007)		
Suite, Apt. #, etc. Suite, A		Suite, Apt.	ot. #, etc.			- 09/26/1997	
City & State		City & State			5. FEI Number 65-0791016		Applied For Not Applicable
Zip	Country	Zip	C	Country	6. CERTIFICAT	TE OF STATUS DESIRED () 88.7	5 Additional Fee required or a Certificate of Status
7. Names	and Street Addresses of Each Officer and	/or Director (F	lorida nonprofit co	orporations must list at I	least 3 directors)		
Title(s) 1	Name of Officers and/or Directors		3	Street Address of Ea Officer and/or Direct	ich	City / Sta	te / Zip
PD	MOLE, ALINA JESUS MIRANDA	\		NW82CT		MIAMI FL 33173 MIAMI LAKES,	FC 33016
VPT	MIRANDA, MARILYN		6700 8 W 99TH AVENUE 15834 NW 82CT			MIAMI FL 33173 MIAMI VAKES, PC 33016	
n. √.					•		
	8. Name and Address of Current	Registered Ag	lent		9 Name and	Address of New Registered A	
				Name	5. Name and	Address of New Registered Ag	jent
MIRAN	IDA; JESUS				<u>, · </u>	m	
15834 NW 82ND CT				Street Address (Street Address (P.O. Box Number is Not Acceptable)		
MIAMI LAKES FL 33016				Suite, Apt. #, Etc	Suite, Apt. #, Etc.		
			City	City State Zip Code			
0. I, being Signature of Registered		TURE		UIRED	obligations of Sect		
							
1. I certify	that I am an officer or director or the ecei	ver or trustee er	mpowered to exe	cute this application as	provided for in cha	pter 607 or 617, F.S. I further ce	ertify that when filing

dution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated te, and my signature shall have the same legal effect as if made under oath. TESUS MIRANDA

MARILYN MIRANDA 11/1/02 SIGNATURE: SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTISTIC COLLISION SERVICES, INC 8255 W. 20th AVENUE HIALEAH, FL 33014

November 7, 2002

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Florida Dept of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314 Re: P97000083628

To Whom It May Concern:

As per my conversation with Michele from your office today, I am sending you copies of previous Corporation filing. Please note the changes that were made in 2001 for Officers of the Corporation.

The application for 2002 was mailed in April before the deadline. I have not seen the cancelled check yet, therefore is possible that it was misplaced.

Please contact my office ph 305 827 0073 or fax 305 827 8010 for further information.

Sincerely,

Marilyn Miranda