

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098818 (2)

1. Corporation Name
CRUZ AUTO REPAIRS, INC.

Principal Place of Business
5610 NW 78TH AVE.
MIAMI FL 33166

Mailing Address
5610 NW 78TH AVE.
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0796400	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
~~CRUZ, CARLOS A
5610 NW 78TH AVE.
MIAMI FL 33166~~

10. Name and Address of New Registered Agent
81 Name ORTEGA, NORMAN
82 Street Address (P.O. Box Number is Not Acceptable) 5610 NW 78TH AVE.
83 MIAMI, FL, 33166
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, I, the undersigned, a duly registered agent, hereby certify that the information furnished in this report is true and correct. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: Carlos Cruz DATE: 01/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	ORTEGA, NORMAN
STREET ADDRESS		13 STREET ADDRESS	5610 NW 78TH AVE
CITY-ST-ZIP		14 CITY-ST-ZIP	MIAMI, FL, 33166
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	ORTEGA, NORMAN
STREET ADDRESS		23 STREET ADDRESS	5610 NW 78TH AVE
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL, 33166
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	ORTEGA, NORMAN
STREET ADDRESS		33 STREET ADDRESS	5610 NW 78TH AVE
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL, 33166
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 file 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: Carlos Cruz DATE: 01/14/98 (304) 477-9207

CR2E034 (10/97)