


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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P97000099089</u> 1. Corporation Name AutoColor Custom Paint & Body Shop, INC.			
Principal Place of Business 12262 SW 117th Court Miami, FL 33186-5203 County of Dade		Mailing Address 12262 SW 117th Court Miami, FL 33186	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
9. Name and Address of Current Registered Agent Javier Cartagena 12554 SW 27th Avenue Miami, FL 33175		10. Name and Address of New Registered Agent 81. Name Leila Scutt 82. Street Address (P.O. Box Number is Not Acceptable) 83. 12262 SW 117th Court 84. City Miami FL 85. Zip Code 33186	
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 Leila Scutt <i>[Signature]</i> DATE April 15, 1998 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE President & Director <input checked="" type="checkbox"/> DELETE NAME Javier Cartagena STREET ADDRESS 12554 SW 27th Avenue CITY-ST-ZIP Miami, FL 33175 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Leila Scutt 1.3 STREET ADDRESS 12262 SW 117th Avenue 1.4 CITY-ST-ZIP Miami, FL 33186 2.1 TITLE VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Peter Scutt 2.3 STREET ADDRESS 12262 SW 117th Court 2.4 CITY-ST-ZIP Miami, FL 33186 3.1 TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Juan Carlos Tojeiro 3.3 STREET ADDRESS 12262 SW 117th Court 3.4 CITY-ST-ZIP Miami, FL 33186 4.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Leila Scutt 4.3 STREET ADDRESS 12262 SW 117th Court 4.4 CITY-ST-ZIP Miami, FL 33186 5.1 TITLE 100002494031 5.2 NAME -04/20/98--01030--011 5.3 STREET ADDRESS ***158.75 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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. SIGNATURE: <i>[Signature]</i> Leila Scutt 4/15/98 (305) 253-5663 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)