
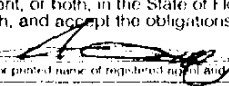
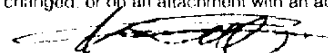


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 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 # P97000107462 (8) 1. Corporation Name ALL CAR COLLISON, INC.					
Principal Place of Business 16710 NE 9TH AVE. SUITE 509 NORTH MIAMI BEACH FL 33162			Mailing Address 16710 NE 9TH AVE. SUITE 509 NORTH MIAMI BEACH FL 33162		
2. Principal Place of Business 21 14330 NW 24th AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 14330 NW 24th AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/22/1997	
22 City & State 23 OPA - LOCKA		27 City & State 28 OPA - LOCKA		4. FEI Number 65-0805968 Applied For <input type="checkbox"/> Not Applicable	
24 33054 25 USA		29 33054 30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent KAPETA, SHIMON 16710 NE 9TH AVE. SUITE 509 NORTH MIAMI BEACH FL 33162				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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  SHIMON KAPETA P Signature typed or printed name of registered agent and ZIP if applicable (NOTE: Registered Agent signature required when reinstating)				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14330 NW 24th AVE 83 84 City OPA - LOCKA FL 85 Zip Code 33054	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P KAPETA, SHIMON 16710 NE 9TH AVE. NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME ALVAREZ, CRISTINA 1.3 STREET ADDRESS 3546 NE 161 ST. 1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 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:  SHIMON KAPETA 2/3/98 305-681-2009					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)