

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000001304

1. Corporation Name

BLUE EAGLE BODY & PAINT SHOP, INC.

Principal Place of Business

1840 W. 8TH AVENUE  
HIALEAH FL

Mailing Address

1840 W. 8TH AVENUE  
HIALEAH FL

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI

FLORIDA

Zip

24 33145

25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI

FLORIDA

Zip

29 33145

30 U.S.

g. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY STE. 200  
MIAMI FL 33145

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, am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE DP [ ] DELETE

NAME ACOSTA, CARLOS

STREET ADDRESS 500 WEST 27TH STREET

CITY-ST-ZIP MIAMI FL 33010

TITLE DV [ ] DELETE

NAME MELENDEZ, MARCELO M

STREET ADDRESS 18365 S.W. 139TH COURT

CITY-ST-ZIP MIAMI FL 33177

TITLE DTS [ ] DELETE

NAME ACOSTA, PEDRO SR.

STREET ADDRESS 500 WEST 27TH STREET

CITY-ST-ZIP MIAMI FL 33010

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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

CARLOS ACOSTA, PRES.

Date

Daytime Phone #

APPROVED  
AND  
FILED

99 APR -9 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FET Number

65-0804291

Applied For

Not Applicable

5. Certificate of Status Desired [ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing [ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)