PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PORODODOSANA

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90197 015 ***150.00

SUAREZ AUTO REPAIR, I	NC.					
Principal Place of Business	Mailing Address			1 100 fill fin til 10 tat tatt antt antt antt entre ent	Si MRSIN ISNAT SPEIS	### (# · · · ·
1747 N.W. 23 STREET	1747 N.W. 23 STREE	τ		· ·		
MIAMI FL 33142 MIAMI FL 33142			DO NOT WRITE IN THIS SPACE			
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•				3. Date incorporated or Qualifed 01/12/1998	•	\
2. Principal Place of Business 2a. Mailing Address				4 00111	Ap	plied For
21 26 26				65-0814913	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.).		5. Cartificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be		May Be
23 28				Trust Fund Contribution Added to Fee		o Fees
Zip Countr		Coun	try	8. This corporation owes the current year		~ <i>[</i>
24 25				Personal Property Tax. Yes No		E)No
	ess of Current Registered Agent			10. Name and Address of New Registers	d Agent	
SAAVEDRA, JOSE A ES	n	[Name		<u></u>	
1428 BRICKELL AVENUE		[32 Street Add	ress (P.O. Box Number is Not Acceptable)		1
8TH FLOOR		<u>}</u>	53	,		
MIAMI FL 33131		L			i lant en e	
			34 City	F	LII	Code
SIGNATURE	ept the obligations of, Section 607.050	5, Florida Statut	83.	coration submits this statement for the purpose on's board of directors. I hereby accept the app		1
	e of registered agent and title if applicable.	(NOTE: Registered A	geni signature require			ì
	e of registered agent and title if applicable. DEFICERS AND DIRECTORS	13.	geni signature (equira	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	ì
		13.				ì
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TILE D	OFFICERS AND DIRECTORS DELE	13. TE 1,1 TTL 12 NAV	E		AND DIRECTO	ì
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Interest certify that the information supplied with risk litting does not qualify for the exemption stated in Section 119.07(3)(), Figure Statutes, I turble carry that I am an 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 cath, 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.