Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90209 048 ***150.00

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

Corporation	MENT # P98000 IN NAME ISIONAL AUTO COLOR, INC				
Principal Place	e of Business	Mailing Address		·	
1777 W 39TH PL HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITE IN THIS SPACE
				-	3. Date Incorporated or Qualified 02/04/1998
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required Fee Required
City & Stat	e	City & State		-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 30	Country	1	8. This corporation owes the current year intangible Personal Property Tax.
27	9. Name and Address of Curren		<u>' </u>		10. Name and Address of New Registered Agent
			81	Name	
DIAZ, NIVIO			82	Street Addr	ess (P.O. Box Number is Not Acceptable)
1777 W 39TH PL					
HIALEAH FL 33012			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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, board or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	DIAZ, NIVIO		1.2 NAME	•	
STREET ADDRESS	310 E 41 ST		1.3 STREE	TADORESS	
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-S	T-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, DOMINGO N		2.2 NAME		
STREET ADDRESS	310 E 41 ST		2.3 STREE	TADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013		2.4 CITY-5	ST-ZIP	COLUMN CALIFORN
TITLE	SD	☐ DELETE	3.1 TITLE	ļ	☐ Change ☐ Addition
NAME	DIAZ, JANET		3.2 NAME	-	·
STREET ADDRESS			3.3 STREE	1	
CITY-ST-ZIP	HIALEAH FL 33013	☐ DELETE	3.4 CITY-5		Change Addition
TITLE	-		4 † TITLE		
NAME			4.2 NAME	T ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-CIP	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			CONAME		

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 perfort 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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS