Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

## 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 # P98000012975

Country

9. Name and Address of Current Registered Agent

25

LEMUS, CARMEN M

4520 NW 176TH ST.

1. Corporation Name

24

LEMUS PAINT & BODY SHOP INC.

Principal Place of Business	Mailing Address	
7303 NW 61ST ST. Miami FL 33166	7303 NW 61ST ST. MIAMI FL 33166	
¬ '	2a. Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	
21	26	

28

29

Zip

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90012 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

 $\Box$ 

3. Date Incorporated or Qualifed

65-08/5697

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

02/09/1998 4. FEI Number

CAF	ROL CITY FL 33055	83					
		0.4	-		85	Zip C	odo.
		84	City	F	L  °°	Zip C	006
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to registered agent, or both, in the State of Florida. Such change was authour familiar with, and accept the obligations of, Section 607.0505, Florida	ized by	the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changi pintment	ing its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi	stered Age	nt signature	required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	☐ DELETE	1.1 TITLE		P	i c	nange	Addition
NAME		1.2 NAME		JULIO PLEMUS.			-
STREET ADDRESS		1.3 STREE	T ADDRESS	4520 N.W.1763T			
CITY-ST-ZIP		1.4 CITY-5	T-ZIP	JULIO PLEMUS. 4520 N.W. 1765T. CAROLCITY FL 33055			
TITLE	☐ DELETE	2.1 TITLE			Ch	ange	☐ Addition
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREE	TADDRESS				
CITY-ST-ZIP		2. 4 CITY-:	ST-ZIP			<del></del>	
TITLE	☐ DELETE	3.1 TITLE			□ Cr	nange	☐ Addition
NAME		3.2 NAME			·		
STREET ADDRESS		3.3 STREE	T ADDRESS				
CITY-ST-ZIP		3.4. CITY-	ST-ZIP _				
TITLE	☐ DELETE	4 1 TITLE			다	ange	☐ Addition
NAME		4. 2 NAME					
STREET ADDRESS	s	4.3 STREE	T ADDRESS				
CITY-ST-ZIP		4 4 CITY-S	ST-ZIP	·			
TITLE	☐ DELETE	5.1 TITLE		٠,	□ CI	nange	☐ Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREE	TADORESS				
CITY-ST-ZIP		5.4 ÇITY- Ş	T-ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ CI	nange	☐ Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	T ADDRESS				
CITY-ST-ZIP		6.4 CITY-8					
14. I hereby	certify that the information supplied with this filing does not qualify for the	exempl	tion state	d in Section 119.07(3)(i), Florida Statutes. I further c	ertify tha	t the in	formation

Country

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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.

TODP. LEMUS. 1-26-99 (305) 887-4329.