

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State
08-09-1999 90010 050 ***150.00

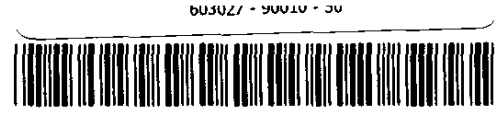
PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000014378
1. Corporation Name
GARRIDO AUTO REPAIR, CORP.

Principal Place of Business
**11293 S.W. 159 PLACE
MIAMI FL 33196**

Mailing Address
**11293 S.W. 159 PLACE
MIAMI FL 33196**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10890 SW 186 ST.		2a. Mailing Address 26 11871 SW 187th Terr.		3. Date Incorporated or Qualified 02/13/1998	
Suite, Apt. #, etc. 22 Bay #21		Suite, Apt. #, etc. 27		4. FEI Number 65-0930290	
City & State 23 Miami, FL		City & State 28 Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33157		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 33177		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARRIDO, LEOPOLDO 10890 S.W. 186 ST. MIAMI FL 33177		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83 11871 SW 187th Terrace		84 City Miami FL 85 Zip Code 33177	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE 11871 SW 187th Terrace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRIDO, LEOPOLDO		1.2 NAME	
STREET ADDRESS 10890 S.W. 186 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33177		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Leopoldo Garrido**

CR2E034 (5/99)

P98000014378
603627-9000-50

GARRIDO AUTO REPAIR, CORP.
10890 S.W. 186th STREET, #21
MIAMI, FLORIDA 33157

July 30, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: DOCUMENT #P98000014378

Ladies/Gentlemen:

Enclosed please find the annual report filing for the above referenced corporation together with my check #1800 in the amount of \$150.00.

The first notice sent to the corporation was not received by me due to the fact that the corporation was initially filed with an incorrect mailing and place of business address. After the second notice was sent, the individual who received it decided to forward it to its rightful recipient and that is why it is being filed at this time.

Please be advised that I have already filed amended Articles of Incorporation to correct this error and I apologize for the confusion causing this delay. I contacted a representative at your offices and was advised to submit the fee of \$150.00 together with a letter explaining the situation, to which I am complying.

Thank you for your consideration to this matter.

Sincerely,



Leopoldo Garrido

President

LG/rs
Enclosure