


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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S23607 (2)					
1. Corporation Name JAIME AUTO SERVICE, CORP.					
Principal Place of Business 8262 NW 58 ST MIAMI FL 33166 US			Mailing Address 8262 NW 58 ST MIAMI FL 33166-3407 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1991	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/27/1996	
22 City & State		27 City & State		4. FEI Number 65-0241127	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RINCON, JAIME 5421 SW 154 CT MIAMI FL 33185				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
SIGNATURE				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PD RINCON, JAIME				1.2 NAME	
STREET ADDRESS 5421 SW 154 CT				1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33185				1.4 CITY-ST-ZIP	
1.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VELEZ, GABRIEL A				2.2 NAME Jaime Rincon	
STREET ADDRESS 8262 NW 58 ST				2.3 STREET ADDRESS 8262 NW 58 ST	
CITY-ST-ZIP MIAMI FL 33166				2.4 CITY-ST-ZIP Miami, FL 33166	
1.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HERRERA, GERONIMO				3.2 NAME Jaime Rincon	
STREET ADDRESS 8262 NW 58 ST				3.3 STREET ADDRESS 8262 NW 58 ST	
CITY-ST-ZIP MIAMI FL 33166				3.4 CITY-ST-ZIP Miami, FL 33166	
1.1 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	
1.1 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	
1.1 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 do 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: Jaime Rincon RECORDED 4-2-97 305-513 9111					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)