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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 29 1998 8:00am Secretary of State

	1998		DIVISION OF (IVISION OF CORPORATIONS			5001000	u y		tato	
	MENT # IN Name AUTO SERVICE	S23607 E, CORP.	(2)				a seemees see more en en een een een een een een een een	181 618 1) 6 11	h)i Disip Aidhl Gla	11 8/8/6 188 4	
}											
Principal Plac	e of Business	Ma	ling Address) (\$80(\$10 (10 4)\$00 (1140 \$1)) 001(1 1)	IBA BABA BA	iai aldii Airii Rid	IT WARLE 1881	
8262 NW 58			162 NW 58 ST								
MIAMI FL 33166 MIAMI FL 33166 US						DO NOT WRITE IN THIS SPACE					
}							3. Date Incorporated or Qualified				7
♠ Delegation C	New of Contract		2a. Mailing Address				01/09/1991		· · · · · · · · · · · · · · · · · · ·		4
2. Principal P	Place of Business	26	Maning Address			- {	4. FEI Number 65-0241127			pplied For of Applicable	-
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		**				\$8.75		7
22		27					5. Certificate of Status Desired		Fee Re	periup	
City & Stat	е	<u>├</u>	City & State			- {	6. Election Campaign Financing	\Box	\$5.00		
Zip	Cou	intry 28	Zip	Cou	ntry		Trust Fund Contribution		Added		-
24	25	29	Lip	30	, no y	1	This corporation owes or has pa Personal Property Tax due June			angibie No	
		dress of Current Registe	ered Agent				IO. Name and Address of New Re		Agent		1
	NCON, JAIME			ļ	81 Name						
	21 S W 154 CT				82 Street A	ddress	(P.O. Box Number is Not Acceptal	ole)			1
MI.	AMI FL 33185			}	83						1
											╛
					64 City			FI	85 Zip (Code	
11. Pursuant	to the provisions of S	ections 607,0502 and 60	7.1508, Florida Statut	es, the at	ove-named c	corpora	tion submits this statement for the p	ournose d	of changing it	s registered	1
agent. i a	registered agoni, or t im familiar with, and a	soon, in the state of Florida accept the obligations of,	s. Such change was a Section 607.05 <mark>05, F</mark> k	rida Stati	ates.	oration	s board of directors. I hereby acce	ot tue ab	pointment as	registerea	
SIGNATURE											
12.	Signature, lypod or printed i	name of registered agent and time if OFFICERS AND DIREC		E Registered	Agent signature r	required v	ADDITIONS/CHANGES TO OFFIC	DATE CERS AN	D DIRECTOR	IS IN 12	16
TITLE	PD		DELETE	1.1 1/1	LE				Change	Addition	100
NAME	RINCON, JAIM			1.2 NA	ME]						
STREET ADDRESS	5421 SW 154			1.3 ST	REET ADDRESS						Ē
CITY-ST-ZIP	MIAMI FL 3318	15	☐ DELETE	_	ry-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	վβ
TITLE NAME	RINCON, JAIM	F	C percie	2.1 TIT 2.2 NA	1				☐ Change	L MOULION	
STREET ADDRESS	8262 NW 58 S				REET ADDRESS						
CITY-ST-ZIP	MIAMI FL	•			TY-ST-ZIP		•				
TITLE	TD TD		DELETE	3.1 TIT					Change	Addition	7
NAME	RINCON, JAIM			3.2 NA							
STREET ADDRESS	8262 NW 58 S	1		1	REET ADDRESS						
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NAME)	4. 2 N/]				- Supurity		1
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP			,	4.4 00	Y-SI-Z P						
TITLE			☐ DELETE	5.1 TIT					Change	Addition	
NAME				5.2 NA							
STREET ADDRESS				4	REET ADDRESS						1
CITY-ST-ZIP TITLE	<u> </u>		DELETE	5.4 Cit	Y-ST-ZIP LE				Change	☐ Addition	1
NAME				6.2 NA							
STREET ADDRESS				6.3 ST	REET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP					.,	1
1 14. Thereby of indicated	certify that the information on this annual report	ation supplied with this fill For supplamental annual	ing does not qualify for	or the exe	mption stated I that my sign	a in Sec nature s	ction 119.07(3)(i), Florida Statutes. I	turther o f made u	ertify that the nder oath: tha	intormation at 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 aptress.