


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90059 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S23607

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/09/1991	Applied For Not Applicable
4. FEI Number 65-0241127	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RINCON, JAIME
5421 SW 154 CT
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Na:	<i>Pedro Garay</i>
82 Street Address (Municipality)	<i>10681 SW 158 PL Apt 403</i>
83 City	<i>MIAMI</i>
84 City	<i>MIAMI</i>
85 Zip Code	<i>FL 33196</i>

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		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	RINCON, JAIME	
STREET ADDRESS	5421 SW 154 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SP	<input checked="" type="checkbox"/>
NAME	RINCON, JAIME	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	RINCON, JAIME	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<i>Pedro Garay P</i>		
1.3 STREET ADDRESS	<i>10681 SW 158 PL Apt 403</i>		
1.4 CITY-ST-ZIP	<i>MIAMI, FL 33196</i>		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<i>Kateya Gutierrez</i>		
2.3 STREET ADDRESS	<i>16331 SW 103 ST</i>		
2.4 CITY-ST-ZIP	<i>MIAMI, FL 33196</i>		
3.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<i>Kateya Gutierrez</i>		
3.3 STREET ADDRESS	<i>16331 SW 103 ST</i>		
3.4 CITY-ST-ZIP	<i>MIAMI, FL 33196</i>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *Pedro M. Garay President* 1-15-99 305-5139111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)