

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

55 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
STATE OF FLORIDA
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **S41345** (7)

DIANE'S HI-GLOW AUTOBODY REPAIR, INC.

Office of the Secretary of State
14747 NEBRASKA AVE TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized	3a. Date of last report
03/26/1991	07/19/1994
4. FEI Number	Applied For / Not Applicable
59-3670303	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 197.035 Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Filing jurisdiction	2a. Mailing Address
21	26
3. State of incorporation	3a. State of incorporation
22	27
4. City	4a. State
23	28
5. County	5a. County
24	29
6. ZIP Code	6a. ZIP Code
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEREZ, ONELIO, JR. 14747 NEBRASKA AVE TAMPA FL 33613		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.061 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 agree with the provisions of Section 607.061, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	DP PEREZ, ONELIO, JR. 14747 NEBRASKA AVE TAMPA FL	13.1	VP LILLY D. PEREZ 14747 NEBRASKA AVENUE TAMPA, FL. 33613
12.2		13.2	
12.3		13.3	
12.4		13.4	
12.5		13.5	
12.6		13.6	
12.7		13.7	
12.8		13.8	
12.9		13.9	
12.10		13.10	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.061, 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an affidavit filed with this filing.

SIGNATURE: *Lilly D. Perez* Lilly D. Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-95 (813) 971-1177