

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
TREASURY OF CORPORATIONS

APPROVED
AND
FILED

05 MAY - 1 11:11:11

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **S70239** (6)

1. Corporation Name:

INTERAMA PAINT & BODY SHOP INC.

Principal Place of Business:

**300 W. 22 ST
HALEAH FL 33010**

Mailing Address:

**300 W. 22 ST
HALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1991

3a. Date of Last Report
04/20/1994

4. FEI Number
59-1098945

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21

State, Apt. #, etc.

22

City & State:

23

Zip:

Country:

24

25

2a. Mailing Address:

26

State, Apt. #, etc.

27

City & State:

28

Zip:

Country:

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORA, JOSE S.
300 W. 22 ST.
HALEAH FL**

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.0505 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:

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

101

**D
MORA, JOSE S.
300 W. 22 STREET
HALEAH FL**

1.1 NAME

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 NAME

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 NAME

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 NAME

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 NAME

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 NAME

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is, substantially, true and correct, and equally for the corporation signed in Section 11.01 (11.01) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, if any, and in a certificate 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 appointed to receive this report as required by Chapter 201, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95