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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # \$77132

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90004 041 \*\*\*150.00

1. Corporation Name									
ALBERTO PAINT & BODY SHOP, INC									
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	•								
Principal Place of Business Mailing Address							ji		
10653 W OKEECHOBEE RD #7 10653 W OKEECHOBEE RD #7 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016									
MIRLERIT CAMBERS FE 33016   MIRLERIT CAMBERS FE 33016						DO NOT WRITE IN THIS SPACE			
·							3. Date Incorporated or Qualifed		
						08/29/1991			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
21	26						65-0283131 Not Applicab	íe	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional		
22							5. Certificate of Status Desired Fee Required		
City & Stat							6. Election Campaign Financing \$5.00 May Be		
23	_ •,						Trust Fund Contribution Added to Fees		
Zip				Cou	ntry		8. This corporation owes the current year Intangible		
24	25	29 30					Personal Property Tax. Yes XNo		
9. Name and Address of Current Registered Agent			stered Agent				10. Name and Address of New Registered Agent	_	
					81	Name			
SANCHEZ, ALBERTO				ļ	82 Street Address (P.O. Box Number is Not Acceptable)				
10653 W OKEECHOBEE RD #7					02	Street Add	iress (F.O. Box (Autiliber is Mot Acceptable)		
HIALEAH GARDENS FL 33016				Ì	83				
							leal T- Code		
					84 City		FL 85 Zip Code	- {	
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.									
{		ions or	i, Section 607.0005, Fior	ioa otott		•		ļ	
SIGNATURE	Signature, typed or printed name of registered agent	t and title	if applicable. (NOTE	Registered	Agen	t signature requin	red when reinstating) DATE		
12.	OFFICERS ANI	D DIR	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS				Œ		Change Addit	tion	
NAME	SANCHEZ, ALBERTO			1.2 NA	ME	\ \		- {	
STREET ADDRESS	ADDRESS 2728 W 60TH STREET, #67			1.3 STREET ADDRESS		ADDRESS		Ì	
CTY-ST-ZIP	ST-ZIP HIALEAH FL			1.4 CITY-ST-ZIP					
TITLE	T DELETE 2.1			2.1 TIT	ΓLE		Change Addi	tion	
NAME	SANCHEZ, ALBERTO 22		2.2 NA	ME	}		}		
STREET ADDRESS	OZOG W COTH CIDELY 407			2.3 ST	REET	ADDRESS		ļ	
- CITY-ST-ZIP	-HIALEAH FL		المنا الوليلياء دلوليا المارار			T-ZIP	والمنافق وال		
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NAME	32		3.2 NA	WE		· ·			
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NAME	.[					ADDRESS		-	
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CITY-ST-ZIP			4.4 CI		1-21	☐ Change ☐ Addi	tion		
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NAME	•				ADDRESS				
STREET ADDRESS	· `			5.4 Cf				ļ	
CITY-ST-ZIP				6.1 Ti		1-4JF	☐ Change ☐ Addi	ition	
TITLE				6.2 N			i Suange Stone		
NAME				1		LADOBECE	:		
SIREEI ADDRESS						TADORESS T-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:

AGGIATURE REQUIRED

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/1999 (305) 821-83.6-3