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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S79469

(0)

1. Corporation Name

ALL CARS CLINIC, INC.

Principal Place of Business

12828 HENDERSON RD
TAMPA FL 33625
US

Mailing Address

12828 HENDERSON RD
TAMPA FL 33625-6544
US

3. Date Incorporated or Qualified

09/11/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3080622

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MACMILLAN, YVETTE ACOSTA
300 S HYDE PARK AVE
TAMPA FL 33601

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBOSA, ESMERALDO JR
STREET ADDRESS 4501 RANCHWOOD LN
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DV
NAME BARBOSA, ESMERALDO SR
STREET ADDRESS 6424 MOSS WAY
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME SANCHEZ, JOSE A
STREET ADDRESS 18108 SAGEBRUSH RD
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE ST
NAME YOLANDA BARBOSA
STREET ADDRESS 4501 RANCHWOOD LN
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME BARBOSA, DOLORES
STREET ADDRESS 6424 MOSS WAY
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 647, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Emeraldo Barbosa Jr* (PRESIDENT) *Emeraldo Barbosa Jr* 4-29-97 213-5905

CR2E034 (9/96)