FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V24335** **(4)**

1. Corporation Name

DIAGNOSTIC AUTO DOCTOR, INC.

Principal Place of Business	Mailing Address
5764 COMMERCE LN S MIAMI FL 33143 US	5764 COMMERCE LN S MIAMI FL 33143 US

3. Date Incorporated or Qualified: **03/27/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0320265** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

LEYTE-VIDAL, HENRY
2223 CORAL WAY
MIAMI FL 33145

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 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	BEARD, DOUGLAS EDWARD		14 NAME	
STREET ADDRESS	7650 SW 64 CT		15 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL 33143		16 CITY-ST-ZIP	
TITLE	S	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	BEARD, SUZANNE M		18 NAME	
STREET ADDRESS	7650 SW 64TH CT.		19 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL 33143		20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	25 TITLE	☐ Change ☐ Addition
NAME			26 NAME	
STREET ADDRESS			27 STREET ADDRESS	
CITY-ST-ZIP			28 CITY-ST-ZIP	
TITLE		☐ DELETE	29 TITLE	☐ Change ☐ Addition
NAME			30 NAME	
STREET ADDRESS			31 STREET ADDRESS	
CITY-ST-ZIP			32 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate as of the date of this report. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a charitable organization or for the purpose of preparing any statement required by Chapter 496, Florida Statutes, is punishable as a felony. 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 added by this report.

SIGNATURE: Douglas Edward Beard 4/3/96 3056613515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #