

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V30816** (5)

1. Corporation Name

KENDALL CAR REPAIR & BODY SHOP, INC.



Principal Place of Business

12468 SW 128 ST.
MIAMI FL 33186
US

Mailing Address

12468 SW 128 ST.
MIAMI FL 33186
US

2. Principal Place of Business

2a. Mailing Address

21 12496 SW 128 ST

26 9620 KENDALE BLVD

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 BAY #109

28 City & State

MIAMI, FL

MIAMI, FL

24 Zip Country

29 Zip Country

33186 USA

30 33176 USA

9. Name and Address of Current Registered Agent

BRANDT, ROBERT A
3191 CORAL WAY #900
MIAMI FL 33145

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 607.0507 and 607.7501 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 607.0507 Florida Statutes.

SIGNATURE

Signature (attach copy of this statement to the statement of change)

Signature (attach copy of this statement to the statement of change)

DATE

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME	PST PARISEAU, EARL J.	
STREET ADDRESS	9620 KENDALE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
53 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
63 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily true and does not comply with the exemption stated in Section 1191.07(3)(k), 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; and is an attorney-at-law with an address:

SIGNATURE:

E. J. Pariseau

E. J. PARISEAU

3-04-96

(305)

256-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)