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

FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # V67077 (0) RYAN'S GERMAN CAR REPAIR, INC. Principal Place of Business Mailing Address 8829 S.W. 129TH ST. MIAMI FL 33176 8829 S.W. 129TH ST. MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0356316 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Ζıρ This corporation owes or has paid the current year Intengible Yes 29 Personal Property Tax due June 30. □ No 25 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROWLEY, RYAN E. 8829 S.W. 129 ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 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 title if applicable (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. \_\_ DELETE 1.1 TITLE Change \_\_\_ Addition TITLE NAME ROWLEY, RYAN E. 1.2 NAME 8829 S.W. 129 ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE VTS ROWLEY, MARY NAME 2.2 NAME 8829 SW 129 STR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP Z. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

305-232-249

400002466124 Phange

-03/24/98--01023--008

\*\*\*150.00

**2**8

Addition