

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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **M 91777**
 1. Corporation Name
QUALITY ASSURANCE PAINT & BODY SHOP INC.

Principal Place of Business: **8495 NW 56TH ST. MIAMI, FL. 33166**
 Mailing Address: **8495 N.W. 56TH ST. MIAMI, FL. 33166**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
07/29/1988

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite Apt #, etc	27	Suite Apt #, etc
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number **65-0063152** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SAN MARTIN LAZARO
3940 S.W. 124 AVE.
MIAMI, FL. 33177

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (Name) _____ (Title)

12. OFFICERS AND DIRECTORS

TITLE	P.D.	<input type="checkbox"/> DELETE
NAME	SAN MARTIN, JOUAN	
STREET ADDRESS	12215 S.W. 39 ST	
CITY-ST-ZIP	MIAMI, FL. 33177	
TITLE	S.D.	<input type="checkbox"/> DELETE
NAME	SAN MARTIN, LAZARO	
STREET ADDRESS	3940 S.W. 124 AVE	
CITY-ST-ZIP	MIAMI, FL. 33177	
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****150.00**

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14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of this corporation in the State of Florida, I am responsible for the accuracy of the information reported as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attached schedule or address.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/98 **305-477-5991**
 DATE TIME PHONE #

CR2E034 (10/97)