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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Austin
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # **P93000065664 (3)**

1. Corporation Name
A-1-A CAR CARE CENTER, INC.

CONTACT WITH THIS SPACE

Principal Place of Business Mailing Address
7700 N.W. 27TH AVE. 7700 N.W. 27TH AVE.
MIAMI FL 33147 MIAMI FL 33147

3. Date of Incorporation or Qualification 3a. Date of Last Report
09/20/1993 05/01/1994

2. Principal Place of Operations 2a. Mailing Address
21 26

4. FEI Number Applied For
65-0437253 Not Applicable

State Apt. # etc State Apt. # etc
22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 25 29 30

8. This corporation has liability by reference to Chapter 210, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAGUEZ, DAVID
7700 N.W. 27TH AVE.
MIAMI FL 33147**

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 607.01(2)(b) and 607.01(2)(c) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent 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 607.01(2)(b), Florida Statutes.

SIGNATURE Signature of Current Registered Agent (Print Name and Title)
Signature of New Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11
12.1 NAME: ARAGUEZ, DAVID 12.2 STREET ADDRESS: 7250 S.W. 13TH TERRACE 12.3 CITY, STATE, ZIP: MIAMI FL 33144 12.4 TITLE: D 12.5 NAME: GARCIA, GUILLERMO M 12.6 STREET ADDRESS: 5710 WEST 20TH CT. 12.7 CITY, STATE, ZIP: HIALEAH FL 33016 12.8 TITLE: V 12.9 NAME: IGLESIAS, ORLANDO 12.10 STREET ADDRESS: 4855 NW 4 AVENUE 12.11 CITY, STATE, ZIP: MIAMI FL 12.12 TITLE: Y 12.13 NAME: GARCIA, GUILLERMO M 12.14 STREET ADDRESS: 5710 W. 20 CT. 12.15 CITY, STATE, ZIP: HIALEAH FL 33016	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, STATE, ZIP: 13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY, STATE, ZIP: 13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY, STATE, ZIP: 13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY, STATE, ZIP: 13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.02(1)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this filing, attached to this filing as an attachment with an address.

SIGNATURE: - **DAVID ARAGUEZ** 4/19/95 362-9139
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE TELEPHONE NUMBER