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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:09

DOCUMENT # 673378 (6)

1. Corporation Name
FAJARDO DRIVING SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4995 E. 8 AVE.<br>HIALEAH FL 33013 | 4995 E. 8 AVE.<br>HIALEAH FL 33013 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/13/1980 | 3a. Date of Last Report: 04/18/1994 |
| 4. FEI Number: 59-2060555 | ☐ 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 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

GONZALEZ, ESTRELLA FAJARDO
6708 POINCIANA CT.
MIAMI FL 33143

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE | PD |
| NAME | FAJARDO, LUIS |
| STREET ADDRESS | 1345 W. 4TH LANE |
| CITY-ST-ZIP | HIALEAH FL |
| TITLE | V |
| NAME | FAJARDO, NIEVES |
| STREET ADDRESS | 1345 W. 4TH LANE |
| CITY-ST-ZIP | HIALEAH FL |
| TITLE | ST |
| NAME | GONZALEZ, ESTRELLA F. |
| STREET ADDRESS | 100 S.W. 2 STREET, STE. 3500 |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I (We) hereby certify that the information supplied with this report is true and complete for the purpose of complying with Section 607.1622(1), 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 added to the report.

SIGNATURE: [signature] 2-10-95 (305) 685-5700
SIGNATURE AND TYPE OR PRINT NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR

0002027 CP