

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrland  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

DOCUMENT # **J20202**

(4)

5/11/95 11:08:01

**EF AUTO ELECTRIC, INC.**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Office: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

5083 NORTH Federal Hwy  
Pompano Beach FL 33064

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>06/15/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2758966</b>	Applied For Not Applicable
5. Start Year of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation is a subsidiary of a public utility as defined in Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Office (City, State, Zip)	2a. Mailing Address
21. State of Incorporation	26. State of Mailing
22. City, State, Zip	27. City, State, Zip
23. Name of Agent	28. Name of Agent
24. Title of Agent	29. Title of Agent
25. Term of Agent	30. Term of Agent

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FARIA, EVERARDO**

B1. Name	
B2. Street Address (P.O. Box Number is Not Applicable)	
B3. City, State, Zip	
B4. City	B5. 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 to the above address 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 will accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

(Print Name of Current Registered Agent Last Name, First Name, Middle Initial)

(Print Name of New Registered Agent Last Name, First Name, Middle Initial)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
12.1	<b>P</b> FARIA, EVERARDO 5083 NORTH Federal Hwy Pompano Beach FL 33064	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	<b>V</b> FARIA, EDEN 5083 NORTH Federal Hwy Pompano Beach FL 33064	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	<b>S</b> FARIA, EDMAR 5083 NORTH Federal Hwy Pompano Beach FL 33064	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I warrant, certify, that the information supplied with this filing is voluntarily furnished and correct and qualify for the exempt from stated in Section 191.03(1), Florida Statutes. I further warrant 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 and make under oath. This filing is possible only in view of the execution of this report by a duly empowered person who has signed this report as required by Florida Statutes, and that my name appears on the filing in Block 1 of the report or on an attachment with an address.

SIGNATURE: ✓ *Sandra Myrland* / *EDMAR FARIA*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
*SECRETARY*

5/10/95 308-426-9926