CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K79652

1. Corporation Name
SUPER AUTO CARE, INC.

Principal Place of Business	Mailing Address
3600 W. 12TH AVE. HIALEAH, FL 33012	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 16, 1989
3a. Date of Last Report: MAY 1, 1994

2. Principal Place of Business	2a. Mailing Address
21 3600 W. 12TH AVE.	26 3600 W. 12TH AVE.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: HIALEAH, FL.	28 City & State: HIALEAH, FL.
24 Zip: 33012 / 25 Country: USA	29 Zip: 33012 / 30 Country: USA

4. FEI Number: 65-0118992 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOSE B. SOCARRAS 3600 W. 12TH AVE HIALEAH, FL 33012	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 607.0502 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 the capacity) (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	ORLANDO MARTIN	12 NAME	900001444519
STREET ADDRESS	8393 W. OAKLAND PARK BLVD.	13 STREET ADDRESS	-03/31/95--01013--016
CITY ST ZIP	SUNRISE, FL 33351	14 CITY ST ZIP	****200.00 ****200.00
TITLE	SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	JOSE B. SOCARRAS	22 NAME	
STREET ADDRESS	3600 W. 12TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH, FL 33012	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 5/22/95 (305)558-6087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #