

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:31

DOCUMENT # K81616 (0)
1. Corporation Name
CARS 'N CARS, INC.

Principal Place of Business Mailing Address
3094 NW 27 AVE. MIAMI FL 33142 US **6701 SW 105 PLACE MIAMI FL 33173 US**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/19/1989 | 3a. Date of Last Report 11/03/1994 |
| 4. FEI Number 65-0113587 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election (Corporate Officers) Trust (and Candidates) <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for franchise tax under s. 193(2)(3) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|---|--|--|--------------|
| 9. Name and Address of Current Registered Agent PALACIOS, HELIODORO 400 SW 107 AVE, #300 MIAMI FL 33174 | | 10. Name and Address of New Registered Agent | |
| 81. Name | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | | 84. City | |
| | | 85. FL | 86. 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 _____ (Type or print name of registered agent in the 7 space) _____ (Type or print name of registered agent in the 7 space)

| 12. OFFICERS AND DIRECTORS | | 13. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|----------------------------|---|
| TITLE | D | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESPINOSA, HUMBERTO | 2. NAME | |
| STREET ADDRESS | 6701 SW 105 PLACE | 3. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33173 | 4. CITY, ST, ZIP | |
| TITLE | D | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESPINOSA, JACKELINE | 3. NAME | |
| STREET ADDRESS | 6701 SW 105 PLACE | 4. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33173 | 5. CITY, ST, ZIP | |
| TITLE | | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4. NAME | |
| STREET ADDRESS | | 5. STREET ADDRESS | |
| CITY, ST, ZIP | | 6. CITY, ST, ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5. NAME | |
| STREET ADDRESS | | 6. STREET ADDRESS | |
| CITY, ST, ZIP | | 7. CITY, ST, ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY, ST, ZIP | | 8. CITY, ST, ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 7. NAME | |
| STREET ADDRESS | | 8. STREET ADDRESS | |
| CITY, ST, ZIP | | 9. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 attached form with an address.

SIGNATURE: *H. Espinosa* 6/26/95 (209)633-2277
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)