

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L06731 (8)**

1. Corporation Name:  
**HAMMOCKS AUTO TAG AGENCY, INC.**



Principal Place of Business: **10201 HAMMOCKS BLVD MIAMI FL 33198-2602**  
Mailing Address: **10201 HAMMOCKS BLVD MIAMI FL 33198-4712**

3. Date Incorporated or Qualified: **08/02/1989**  
3a. Date of Last Report: **02/23/1996**

|                                |  |                     |  |   |  |  |  |
|--------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number   |  | Applied For  |  |
| 21                             |  | 26                  |  | 65-0143657  |  | Not Applicable   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees    |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No           |  |
| 23                             |  | 28                  |  | 24  |  | 25   |  |
| Zip                            |  | Country             |  | 29  |  | 30   |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent      |  |  |  | 10. Name and Address of New Registered Agent   |  |  |  |
| ESPINEL, PAULINO<br>2785 NW 5TH ST<br>MIAMI FL 33125 |  |  |  | 81 Name: <b>ESPINEL PAULINO</b>  |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable): <b>14936 SW 104 ST UNIT #20</b> |  |  |  |
|  |  |  |  | 83   |  |  |  |
|  |  |  |  | 84 City: <b>MIAMI</b> FL 85 Zip Code: <b>33196</b>                                     |  |  |  |

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>P CRUCET, ANA F</b>          | 1.2 NAME  | <b>ESPINEL Paulino</b>   |
| STREET ADDRESS             | <b>2785 NW 5 ST</b>             | 1.3 STREET ADDRESS                                    | <b>14936 SW 104 ST #20</b>   |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                 | 1.4 CITY - ST - ZIP                                   | <b>MIAMI FL 33196</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>V ESPINEL, PAULINO</b>       | 2.2 NAME  | <b>SECRETARY CRUCET ANA F</b>  |
| STREET ADDRESS             | <b>2785 NW 5 ST</b>             | 2.3 STREET ADDRESS                                    | <b>2785 NW 5 ST</b>  |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                 | 2.4 CITY - ST - ZIP                                   | <b>MIAMI FL 33125</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  | <b>Vice President Jesus P Martinez</b>                                       |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>14936 SW 104 ST #20</b>   |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   | <b>MIAMI FL 33196</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 6.4 CITY - ST - ZIP                                   |  |

14. I do hereby certify that the information supplied with this filing 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 its 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: \_\_\_\_\_ Date: **1/10/96** Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)