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PROFIT **CORPORATION** ANNUAL REPORT

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 03 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS DOCUMENT # (6)M18230 GUANTANAMO AUTO SALES, INC. Principal Place of Business Mailing Address 3459 W 75 PL 8725 N.W. 117 ST. HIALEAH FL 33016 HIALEAH GARDENS FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2555271 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio ZID Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VALLINA, KARINA E. A1 3459 W 75 PLACE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 City 85 Zip Code 84 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 Statu 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, Soction 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered eigent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE VALLINA, JORGE NAME 1.2 NAME CR2E034 3459 W 75 PLACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 City-S1-ZIP DELETE Addition 2.1 TITLE TITLE VALLINA, KARINA E. NAME 2.2 NAME 3459 W 75 PLACE STREET ADORESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TOTLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-20P

14. Hereby certify that the information supplied with this filling 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:

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(305/822-1632