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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Santira 8. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082123 (6)

W.R. WHOLESALE AND RETAIL CARS, INC.

2256 NW 26 AVE. 2256 NW 26 AVE. MIAMI FL 33142-7132 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALTER, MOLINA 2256 NW 26 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition MOLINA, WALTER MALLE 1.2 NAME 15070 SW 103 LN. APT., #205 STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33192 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 2.1 TITLE Change Addition NAMI 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP Change DELETE Addition TULLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - Z(P DELETE Addition 61 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if changed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97.

304-634-1332

FILED

Apr 16 1997 8:00am

Secretary of State

Daytime Phone #

(2E034 (9/96)