FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000001265 (6)

1. Corporation Name

CENTRAL AUTO ENTERPRISES CORP.

Principal Place of Business	Mailing Address
4020 EAST 8TH AVENUE HIALEAH FL 33013	4020 EAST 8TH AVENUE HIALEAH FL 33013

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 04/18/1995
4. FEI Number: 65-0381756 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

NASCIMENTO, AFONSO
4020 EAST 8TH AVENUE
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name: JOSE LUIS VALDES
82 Street Address (P.O. Box Number is Not Acceptable)
83 1078 W 79 STREET
84 City: HIALEAH FL 85 Zip Code: 33014

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] Jose Luis Valdes Vice Pres. 05-28-96
Signature, typed or printed name of registered agent and title if applicable / DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	NASCIMENTO, AFONSO		1.2 NAME	JOSE LUIS VALDES
STREET ADDRESS	4020 EAST 8TH AVE.		1.3 STREET ADDRESS	1078 W 79 STREET
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-ST-ZIP	HIALEAH FLORIDA 33014
TITLE	SD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NASCIMENTO, LOIDNEI		2.2 NAME	
STREET ADDRESS	4020 EAST 8TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	300001854113
STREET ADDRESS			4.3 STREET ADDRESS	-06/06/96--01084--038
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	6/6 JV
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(k), 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: Afonso Nascimento President 05-10-96 (305)836-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)