

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000038669 (5)**

1. Corporation Name

GENERAL AUTO SEAT COVERS, INC.



Principal Place of Business

Mailing Address

**2000 S.W. 57 AVE
MIAMI FL 33155**

**2000 S.W. 57 AVE
MIAMI FL 33155**

2. Principal Place of Business

21 **6225 S.W. 8 STREET**

22 Suite, Apt. #, etc.

23 City & State

MIAMI FL

24 Zip **33144**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

11/07/1995

4. FEI Number

65-0492269

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. 193.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**VAZQUEZ, LUIS
2000 S.W. 57 AVE
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

LUIS VAZQUEZ

82 Street Address (P.O. Box Number is Not Applicable)

P.O. BOX 440752

83

84 City

MIAMI

FL

85 Zip Code

33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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, which 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 607.0503, Florida Statutes.

SIGNATURE

[Signature]

DATE

7/26/96

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **VAZQUEZ, LUIS**
STREET ADDRESS **7412 S.W. 22ND ST.**
CITY-STATE-ZIP **MIAMI FL 33155**

TITLE **VPS** ☐ DELETE
NAME **VAZQUEZ, LUZ M**
STREET ADDRESS **7412 S.W. 22ND ST.**
CITY-STATE-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

7. TITLE ☐ Change ☐ Addition
8. NAME
9. STREET ADDRESS
10. CITY-STATE-ZIP

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

15. TITLE ☐ Change ☐ Addition
16. NAME
17. STREET ADDRESS
18. CITY-STATE-ZIP

19. TITLE ☐ Change ☐ Addition
20. NAME
21. STREET ADDRESS
22. CITY-STATE-ZIP

23. TITLE ☐ Change ☐ Addition
24. NAME
25. STREET ADDRESS
26. CITY-STATE-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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96

CR2E034 (12/95)