

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

FILED

Mar 31 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 # K59408 (0)

1. Corporation Name  
AUTO NICA, INC.

Principal Place of Business  
1770 S.W. 8TH ST  
8800 S.W. 107 AVENUE, SUITE 206  
MIAMI FL 33135  
US

Mailing Address  
C/O BRIAN D. LEVY  
1770 S.W. 8 ST.  
MIAMI FL 33135-3507  
US



3. Date Incorporated or Qualified 01/19/1989  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number 65-0095560  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILLO, ALVARO E  
1533 SUNSET DR.  
SUITE 201  
MIAMI FL 33143

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME RUIZ, ENRIQUE  
STREET ADDRESS 1770 S.W. 8 ST.  
CITY - ST - ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE V  
NAME RUIZ, ROBERTO  
STREET ADDRESS 1770 S.W. 8 ST  
CITY - ST - ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE S  
NAME RUIZ, EDUARDO  
STREET ADDRESS 1770 S W 8 ST  
CITY - ST - ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE T  
NAME RUIZ, HORACIO  
STREET ADDRESS 1770 S W 8 ST  
CITY - ST - ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(u.p) 3-20-97(306)649-1102

CR2E034 (9/96)