FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 391929 (7)

1. Corporation Name

BROWARD REMOVAL SERVICE INC

Principal Place of Business: P.O. BOX 10997, POMPANO BEACH FL 33061-3997

Mailing Address: P.O. BOX 10997, POMPANO BEACH FL 33061-3997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1971
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0074768 ☐ 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

STEINKAMP, TIMOTHY L.
757 SIESTA KEY TRAIL, #1125
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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] 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	☒ Change ☐ Addition
NAME	DALLAS, PATRICIA E.	1.2 NAME	Patricia D. Steinkamp
STREET ADDRESS	2662 N.E. 26TH STREET	1.3 STREET ADDRESS	4131 NW 8 St
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	STEINKAMP, TIMOTHY L	2.2 NAME	Timothy L. Steinkamp
STREET ADDRESS	700 NE SEVENTH ST	2.3 STREET ADDRESS	4131 NW 8 St
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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] 4/27/95 305-781-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0420085 FP

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DIVISION OF CORPORATIONS

APPROVED AND FILED
... 2:57
... TALLAHASSEE, FLORIDA

DOCUMENT # 398042 (2)

1. Corporation Name
R & M AUTO PARTS, INC

Principal Place of Business: 18313 N.W. 42ND AVENUE, MIAMI FL 33055-3023

Mailing Address: 18313 N.W. 42ND AVENUE, MIAMI FL 33055-3023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1972
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1384633 — 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 intangible tax under ... Florida Statutes [ ] Yes [ ] No

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

9. **Name and Address of Current Registered Agent**

HOYOS, AURELIANO F
6950 W 2ND CT
HIALEAH FL 33014

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HOYOS, AURELIANO F
STREET ADDRESS	6950 W 2ND CT
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	VSD
NAME	HOYOS, ANA MARIA
STREET ADDRESS	6950 W 2ND CT
CITY-ST-ZIP	HIALEAH FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP)

14. I 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)(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: Aureliano Hoyos · AURELIANO F. HOYOS · Pre. 4/4/95 CDOS 625-7149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102465 CP