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 MAR -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **454726** **(1)**

1. Corporation Name

HABANA AUTO SALES, INC.

Principal Place of Business	Mailing Address
2368 S.W. 8TH ST. MIAMI FL 33135-4916	2368 S.W. 8TH ST. MIAMI FL 33135-4916

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/14/1974**
3a. Date of Last Report: **04/25/1994**

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

4. FEI Number: **59-1536188** ☐ 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

ORTA, ANGELA
2365 S.W. 19TH TERR.
MIAMI FL 33145

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: Angela Orta — Feb 22 - 1995
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	1.1 TITLE	☐ Change ☐ Addition
NAME	ORTA, ANGELA	1.2 NAME	
STREET ADDRESS	2365 S.W. 19 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, JOSE R	2.2 NAME	
STREET ADDRESS	3041 N.W 14TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	☒ Change ☐ Addition
NAME	GONZALEZ, ANGEL	3.2 NAME	M Andres Orta.
STREET ADDRESS	13801 S.W. 84TH AVE.	3.3 STREET ADDRESS	2365 S.W. 19 Terrace
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Fla 33145
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, JOSE RAUL	4.2 NAME	
STREET ADDRESS	3041 N.W. 14 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: Angela Orta — Feb 22 - 1995 — (305)643-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142500 CP