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

FILED Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 522059 (5) MONTE CARLO AUTO SEAT COVERS, INC. Principal Place of Business Mailing Address 3445 N.W. 27TH AVENUE 3445 N.W. 27TH AVENUE MIAMI FL 33142 MIAM: FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1708105 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suito, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Ζıp Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANITO, GUSTAVO E 2650 SW 27TH AVE Street Address (P.O. Box Number is Not Acceptable) R2 **MIAMI FL 33133** 83 84 City Zip Code 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 registimed agont and title II applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE CARRASCOSA, MARIA DEL C. 1.2 NAME 3445 NW 27TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CARRASCOSA MARIA A NAME 2.2 NAME 3445 NW 27TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE

14. Thereby certify that the information supplied with this filing does not quality 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.

52 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

635-8310

Change

Addition