FILED 2003 FOR PROFIT CORPORATION Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** 574264 DOCUMENT # 01-23-2003 90049 008 ***150.00 1. Entity Name AUTOMOTIVE HOLDINGS, INC. Principal Place of Business Mailing Address 20000110 318 WEST 34TH STREET 318 WEST 34TH STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 59-1931298 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name SOTOMAYOR, GEORGE Street Address (P.O. Box Number is Not Acceptable) 318 WEST 34TH STREET HIALEAH FL 33012 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Defete TITLE ISOTOMAYOR, GEORGE NAME NAME 318 WEST 34TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE rota, Giovanni NAME NAME STREET ADDRESS 318 WEST 34TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I 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 report or supplemental 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 10 or Block 11 if chanced, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

☐ Delete

☐ Defete

☐ Delete

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7/P

TITLE

NAME STREET ADDRESS

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Daytime Phone

Daytime Phone #

☐ Change

Change

☐ Change

☐ Addition

Addition

☐ Addition