FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State 614171 DOCUMENT # 1. Entity Name MIDWAY AUTO CARS, INC. 02-14-2002 90060 024 ***158.75 Principal Place of Business Mailing Address 7200 BIRD RD. 7200 BIRD ROAD MIAMI'FL 33155 **MIAMI FL 33155** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1893975 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARTITIEGUI, JUANA Street Address (P.O. Box Number is Not Acceptable) 7200 BIRD RD MIAMI FL 33155 ::: City Zip Code 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. - After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE ☐ Addition Director-President RAMOS, JOSE E NAME NAME 7200 BIRD RD. Ramos Jose E STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 7200 Bird Road Miami Fla 33155 CITY-ST-ZIP CITY-ST-ZIP PDT Director V President_Treasurer JOSE, RAMOS NAME NAME Ramos Jose E **7200 BIRD RD** STREET ADDRESS STREET ADDRESS 7200 Bird Road Mia Fl 33155 MIAMI FL 33155 CITY-ST-ZIP-CITY-ST-ZIP / 50 Q 12 ☐ Delete TITLE Change ☐ Addition Secretary 7 NAME NAME Manuel A Aguilar STREET ADDRESS STREET ADDRESS 7200 Bird Rd Miami F1133155 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if

SIGNATURE REQUIRED

changed, or on an attachment with an address, with all other like empowered.