FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(904) 488-9000

APPROVED
AND
FILED

95 MAY -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F47656** **(6)**

1. Corporate Name:
MESA AUTO SALES, CORP.

Principal Place of Business	Mailing Address
9191 NW 96 ST. MIAMI FL 33155	6500 SW 67 AVE. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1981	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-2129994	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE OLIVEIRA, CRISTINA ESQ. 2701 LE JEUNE RD., STE. 350 MIAMI FL 33143	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 Section 607.1501, 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PD NAME: MESA, RAUDEL Address: 6500 SW 67 AVE. City/St/Zip: MIAMI FL 33143	☐ Change ☐ Addition
Title: SD NAME: MESA, RENALDO Address: 6500 SW 67 AVE. City/St/Zip: MIAMI FL 33143	☐ Change ☐ Addition
Title: NAME: Address: City/St/Zip:	☐ Change ☐ Addition
Title: NAME: Address: City/St/Zip:	☐ Change ☐ Addition
Title: NAME: Address: City/St/Zip:	☐ Change ☐ Addition
Title: NAME: Address: City/St/Zip:	☐ Change ☐ Addition

14. I declare I have read the information supplied with this blank is substantially complete 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0155400 CP