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 MAY -1 AM 9:57

DOCUMENT # **G87586** **(5)**

1. Corporation Name

OKEECHOBEE AUTO SALES, INC.

Principal Place of Business	Mailing Address
% ROBERT L. MILLARES 125 E. OKEECHOBEE RD. HIALEAH FL 33010	% ROBERT L. MILLARES 125 E. OKEECHOBEE RD. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified **01/12/1984**	3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2421931**	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 § 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or P.O. Box 22	Suite, Apt. # or P.O. Box 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLARES, ROBERT L. 125 E. OKEECHOBEE RD. HIALEAH FL 33010	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(s) 607.1622 and/or 617.1622 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. The changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (if any) and agree to comply with the provisions of Section 607.325 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR INFORMATION
Title: PTD Name: MILLARES, ROBERT L. Street Address: 1681 W. 72ND ST. City-State-Zip: HIALEAH FL	☐ Change ☐ Addition
Title: SVD Name: MILLARES, ROBERT P. Street Address: 1730 W. 62ND ST. City-State-Zip: HIALEAH FL	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate and that this report complies with the requirements of Section 607.1622 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: ✓ Robert L. Millares ROBERT L. MILLARES PRES. 4-28-95 (305) 885-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

007031A CP