**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:33

DOCUMENT # **G97511** **(1)**

1. Corporation Name

**AMERICAN CAR CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9553 W OKEECHOBEE RD (HIALEAH GDNS 33016<br>PO BOX 651736<br>MIAMI FL 33265-8736 | 9553 W OKEECHOBEE RD (HIALEAH GDNS 33016<br>PO BOX 651736<br>MIAMI FL 33265-8736 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/29/1984 | 3a. Date of Last Report: 03/23/1994 |
| 4. FEI Number: 59-2388432 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☑ | $8.75 Additional Fee Required |
| 6. Filed for Certificate of Existence, Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CABRERA, JUAN GERARDO<br>12101 SW 31ST ST<br>MIAMI FL | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, DELETIONS AND CHANGES | |
|---|---|---|---|
| TITLE | PTD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CABRERA, JUAN GERARDO | 12 NAME | |
| STREET ADDRESS | 12101 SW 31ST ST | 13 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | |
| TITLE | SVP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CABRERA, PAULITA C. | 22 NAME | |
| STREET ADDRESS | 12101 SW 31ST ST | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Paulita Cabrera - PAULITA Cabrera 6/10/95 (305) 512-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146176 FP