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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 23 PM 3:12

DOCUMENT # **H22766** **(0)**

1. Corporation Name
UNION AUTO SALES, INC.

Principal Place of Business	Mailing Address
1401 W. PALM AVE. HIALEAH FL 33010	1401 W. PALM AVE. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1984**
3a. Date of Last Report: **08/11/1994**

2. Principal Place of Business	2a. Mailing Address
21 2375 N.W. 36th Street	26 2375 N.W. 36th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33142 / Country 25 U.S.A	Zip 29 33142 / Country 30 U.S.A.

4. FEI Number: **59-2449530** ☐ 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 S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPARLER, SYLVIA ALARCON ESQ.
224 SATURIA ST.
SUITE 404
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 224 Datura Street, Suite 810
83: West Palm Beach, FL 33401
84 City: West Palm Beach **FL** 85 Zip Code: 33401

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: Sylvia Alarcón Sparler 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/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	11 TITLE	☒ Change ☐ Addition
NAME	GONZALEZ, KAREN	12 NAME	DELETE THIS DIRECTOR/OFFICER.
STREET ADDRESS	1041 N.E. 83RD STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MESA, REGLA MARIA	22 NAME	DELETE THIS DIRECTOR
STREET ADDRESS	12353 S.W. 20TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☒ Addition
NAME	GONZALEZ, WILLIAM	32 NAME	D, P
STREET ADDRESS	1041 NE 83RD ST.	33 STREET ADDRESS	Gonzalez, William
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	1041 N.E. 83rd Street Miami, Florida 33138
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	

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: Edward A. Gonzalez William Gonzalez (305) 633-8803
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0078751 CP