CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:27

DOCUMENT # H80828 (7)

1. Corporation Name
A & J AUTOHAUS, INC.

Principal Place of Business	Mailing Address
12972 S.W. 87 AVENUE MIAMI FL 33176-5912	C/O BRYN & ASSOCIATES 2 SOUTH BISCAYNE BLVD., STE. 3599 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1985
3a. Date of Last Report: 12/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26 12972 SW 87 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 MIAMI, FL
24 Zip / 25 Country	29 33176 / 30 U.S.A.

4. FEI Number: 59-2595274 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRYN, MARK J ESQUIRE
2 SOUTH BISCAYNE BLVD., STE. 3599
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CARROLL, LINDA L.
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd. #2400
83: Miami Center
84 City: Miami FL 85 Zip Code: 33131

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: Linda L. Carroll 5/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	P ☒ Change ☐ Addition
NAME	LARSEN, SEAN C	1 2 NAME	GRACIELA QUINOA
STREET ADDRESS	12972 SW 87TH AVENUE	1 3 STREET ADDRESS	12972 SW 87 AVE
CITY-ST-ZIP	MIAMI FL 33176-5912	1 4 CITY-ST-ZIP	MIAMI, FL 33176-5912
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

RETURNED BY MAY 1

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)(k), 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: Graciela Quinoa GRACIELA QUINOA 4-24-95 305-253-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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