FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

SIGNATURE:

DOCUMENT # K3042

(1)

CRIS-CAR CORPORATION

			•		
Principal Place of	of Business	Mailing Address			
1951 W. 601 Hialeah Fl	-	1951 W. 60TH ST Hialeah Fl 33012			
				3. Date Incorporated or Qualified 08/08/1988	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0065866	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	This corporation has liability for it	
24	25	29	30		□No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		ļ
	, CARLOS		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	. GOTH ST		83		
HIALEA	H FL 33012		63		
			84 City		FL 85 Zip Code
or registere	d agent, or both, in the State of Fig	rida. Such change was auth oriz €	ed by the corporation's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	nose of changing its registered office
OLONIA STATE	n, and accept the obligations of, Se signature, bysed or printed name of registered ago		IE: Registered Agor't signature require	d when reneliation	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PSD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, CARLOS		12 NAME		
STREET ADDRESS	1951 W. 60TH ST		13 STREET ADDRESS		
CITY-S1-7/P	HIALEAH FL		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2 1 TITLE		Change (Addition
NAME	RIVERA, CRISTINA		2.2 NAME		
STREET ADDRESS	1951 W. 60TH ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL	□ DELETE	2.4 CITY-ST-ZIP		Change [7] Addition
TITLE		[] Nergie	3. 1 TITLE		one-igo Addition
NAME			3.2 NAME 3.3 STREFT ADDRESS		
STREET ADDRESS			3.4 City-St-ZIP		
CHY-ST-ZIP TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY+ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5. 1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FTS APLEASE	5.4 C(TY - \$1 - 7)P		[7] Change [7] Addition
TITLE		☐ DEFE1E	6. 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS		٨	6.3 STREET ADDRESS		
CITY-ST-ZIP	contify that the information supplie	d with this filing is vold tarily film	6.4 CiTY-S1-7IP ished and does not qualify	for the exemption stated in Section 119.	.07(3)(k), Florida Statutes. I further
certify that oath; that is appears in	the information indicated on this ar am an officer or director of the cor Block 12 or Block 13 if changing or	inual report or supplemental ann poration of the receiver or truster or on an attachment with an addr	ual report is true and accura e empowered to execute the ess.	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, FI	same legal effect as if made under orida Statutes; and that my name

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR