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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K89766** **(5)**

1. Corporation Name

**TAMIAMI AUTO SERVICE, CORP.**

Principal Place of Business

**12450 S.W. 8TH STREET-UNIT A**
**MIAMI FL 33184-1411**

Mailing Address

**12450 S.W. 8TH STREET-UNIT A**
**MIAMI FL 33184-1411**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip / County
24 / 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip / County
29 / 30

3. Date Incorporated or Qualified: **05/22/1989**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0153403** 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. Is corporation filing voluntarily for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CUETO,JOSE M.**
**12450 S.W. 8TH STREET**
**UNIT A**
**MIAMI FL 33174**

10. Name and Address of New Registered Agent

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 607.0502 Florida Statutes, the above named domestic or foreign corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PDS | ☐ DELETE |
| NAME | CUETO, JOSE M. | |
| STREET ADDRESS | 10271 S.W. 11TH ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | | ☐ Change ☐ Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 5 TITLE | | ☐ Change ☐ Addition |
| 6 NAME | | |
| 7 STREET ADDRESS | | |
| 8 CITY-ST-ZIP | | |
| 9 TITLE | | ☐ Change ☐ Addition |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | |
| 13 TITLE | | ☐ Change ☐ Addition |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | |
| 17 TITLE | | ☐ Change ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an indication that I am an officer or director.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)