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

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K91018 **DOCUMENT #**

(7)

FLITE AUTO CENTER, INC.

Principal Place	of Business	Maiing Address			anani alali alali didil dibil dibil itdi	
10890 SW 186 ST 18051 SW 83 AVE MIAMI FL 33157 MIAMI FL 33157						
				05/26/1989	a. Date of Last Report 06/20/1995	
2. Principal Pla	ice of Business	2a. Mailing Address 26		4. FEI Number 65-0122216	Applied For Not Applicable	
Suite, Apt. / 22	, etc.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Gountry 30	8. This corporation has liability for intar Florida Statutes Yes 5		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regis	stered Agent	
			81 Name			
		dress (P.O. Box Number is Not Acceptable)				
18051 S MIAMI F	W 83 AVE L 33157		83			
			84 City		85 Zip Code	
				oration submits this statement for the purpos		
SIGNATURE _	Signature, typied on protect name of resistency age OFFICERS Al	a ar i teleoragii a te (NO ND DIRECTORS	°E. Begidered Agort signature reco. 13.	round to reneated. ADDITIONS/CHANGES TO OFFICER		
TITLE	PTD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition	
NAME	FERNANDEZ, JOSE A.		1.2 NAME			
STREET ADDRESS	18051 SW 83 AVE		1.3 STREET ADORESS			
CITY - ST - ZIP TITLE	MIAMI FL 33157 VSD	[Q DELETE	1.4 CHY+SF-ZIF 2.1 THLF		Change Addition	
NAME	FERNANDEZ, ANA L.	E) becel	2 2 NAME			
STREET ADDRESS	18051 SW 83 AVE		2 3 STREET ADORESS			
CITY-ST-ZIP	MIAMI FL 33157		2.4 City St-ZiP			
TITLE		☐ DELETE	3 1 THLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CHTY - ST - ZIP TITLE		☐ DELETE	3 4 CHY-SI-ZIF 4 1 THE		Change Addition	
NAME		L) were re	4.2 NAME		T outside T Venillar	
STREET ADDRESS			4.3 STREET ADORESS			
CITY - ST - ZIP			4 4 CiTy - S1 - ZiF			
TITLE		□ DELETE	5 † THLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		דו הנונונ	5 4 CITY - ST - 7iP	····	Chance D Addition	
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAME STREET AUDRESS			6.2 NAME 6.3 STREET ADORESS			
CITY-ST-ZIP			6.4 CITY ST-ZIP			
	y certify that the information supplied	I with this fing is voluntarily lum		for the exemption stated in Section 119.07(3	Bi(k), Florida Statutes, Lfurther	

I do hereby certify that the information supplied with this firing 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 logal effect as if made under oath; that I am an officer or director of this corporation on 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 out in attachment with granddress.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE:

Deptine France #

CR2E034 (12/95)