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 # **L00626** **(6)**

1. Corporation Name
INVEST-DRIVE OF FLORIDA, INC.

Principal Place of Business
C/O RAUL E. VALDES-FAULI, ESQUIRE
ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
MIAMI FL 33131-1807

Mailing Address
C/O RAUL E. VALDES-FAULI, ESQUIRE
ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
MIAMI FL 33131-1807

3. Date Incorporated or Qualified: **07/05/1989**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0205849** — 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
VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. SUITE 3400
MIAMI FL 33131

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 Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☒ DELETE
NAME	ARAUJO, ARMANDO	
STREET ADDRESS	ONE BISCAYNE BLVD. 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	ARAUJO, ARMANDO	
STREET ADDRESS	ONE BISCAYNE BLVD. 3400	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dir/Pres/Sec/Treas.	☒ Change ☐ Addition
1.2 NAME	Araujo, Armando	
1.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	400001819194	☐ Change ☐ Addition
5.2 NAME	-05/14/96--01002--018	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4/25/96 (305)376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Armando Araujo

5/1/96