

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 2 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08652** (4)

1. Corporation Name

LAKES AUTO TAG AGENCY, INC.

2. Principal Place of Business

6402 N.W. 186TH STREET
MIAMI FL 33015

Maining Address

6402 N.W. 186TH STREET
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1989	3a. Date of Last Report 05/23/1994
4. FEI Number 65-0148696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	26. Mailing Address
22. Subst. Apt. # etc.	27. Subst. Apt. # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

SANTANA, OSCAR
6402 N.W. 186 STREET
HIALEAH 33015-3006

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607 (6)(c) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (6)(b) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PSD SANTANA, OSCAR 1500 SAN REMO AVE. S-200 CORAL GABLES FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
ZIP		5. ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
ZIP		10. ZIP	
TITLE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY & STATE		14. CITY & STATE	
ZIP		15. ZIP	
TITLE		16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY & STATE		19. CITY & STATE	
ZIP		20. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b) Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it would under oath. If I am an officer or director of this corporation or the president or treasurer employed by it, I acknowledge this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 if I changed or am an attachment with an address.

SIGNATURE: *Oscar Santana*
SIGNATURE AND TYPED ON PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

4/24/95 (305) 829-8977