FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45

DOCUMENT # **L24732** **(4)**

1. Corporation Name
TRI-STATE AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
1705 NE 171 ST. N. MIAMI BEACH FL 33162	1705 NE 171 ST. N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business
21 1750 N.E. 171 Street
Suite, Apt. #, etc. 22
City & State 23 N.Miami Beach,FL33162
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. 27 NEW ADDRESS
MAX M. HAGEN,
~~3990~~ SHERIDAN ST. #104
City & State 28 HOLLYWOOD, FL 33021
Zip 29 Country 30

4. FEI Number: 65-0154418 ☐ 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. The corporation has activity for enterprise tax credit S. 193.955 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAGEN, MAX M.
~~10863~~ N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) NEW ADDRESS
83 MAX M. HAGEN,
~~3990 SHERIDAN ST. #104~~
84 City HOLLYWOOD, FL 33021 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Typed or printed name of registered agent and title if agent is an officer) (Registered Agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	XX Change ☐ Addition
NAME	LAVENDER, STEPHEN	12 NAME	
STREET ADDRESS	10863 NE 19TH AVENUE	13 STREET ADDRESS	1750 N.E. 171 Street
CITY ST ZIP	N. MIAMI BEACH FL	14 CITY ST ZIP	N. Miami Beach, FL 33162
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	LAVENDER, STEPHEN	22 NAME	
STREET ADDRESS	1750 NE 171 ST.	23 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL 33162	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) 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)(i), 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: [signature] Pres. 6/29/95 (305) 940-0749
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
STEPHEN LAVENDER

0178410 CF