SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 7:25-95 B.79940

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

DOCUMENT # L26786 (8)

1. Corporation Name

PERFORMANCE CAR CARE, INC.

FILED
95 JUL 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
% RADOVAN SRDIC 801 S BAYSHORE DR #1169 MIAMI FL 33131	% RADOVAN SRDIC 801 S BAYSHORE DR #1169 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1989
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 520 BRICKELL KEY DR.
Suite, Apt. #, etc.
22 SUITE 605
City & State
23 MIAMI FL
Zip 24: 33131
Country 25: USA

2a. Mailing Address
26 AV DO ESTADO 7515
Suite, Apt. #, etc.
27
City & State
28 SAO PAULO / SP
Zip 29: 03105-000
Country 30: BRAZIL

4. FEI Number: 65-0197586 ☐ 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

SRDIC, RADOVAN
801 S BAYSHORE DR #1169
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SRDIC, RADOVAN
82 Street Address (P.O. Box Number is Not Acceptable): 520 BRICKELL KEY DR
83: SUITE 605
84 City: MIAMI FL 85 Zip Code: 33131

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SRDIC, RADOVAN	12 NAME	SRDIC, RADOVAN	
STREET ADDRESS	801 S BAYSHORE DR #1169	13 STREET ADDRESS	520 BRICKELL KEY DR SUITE 605	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI-FL- 33131	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		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		

CR2E034 (3/95)

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: _____ 7/11/95 011-55-11-273-5687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036052 CP