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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L27711 (5)

1. Corporation Name

N&A AUTO DETAIL & AUTO EMPORIUM, INC.

Principal Place of Business	Mailing Address
% JUAN M. MATOS 4980 S.W. 52 STREET. #115 DAVIE FL 33314	% JUAN M. MATOS 4980 S.W. 52 STREET. #115 DAVIE FL 33314

3. Date Incorporated or Qualified: **11/06/1989**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business	2a. Mailing Address
21 4650 S.W. 51 street	26 4650 S.W. 51 street
Suite, Apt. #, etc 22 #713	Suite, Apt. #, etc. 27 #713
City & State 23 DAVIE Florida	City & State 28 DAVIE Florida
Zip 24 33314	Zip 29 33314
County 25 U.S.	County 30 U.S.

4. FEI Number: **65-0153077** ☐ 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

MATOS, JUAN M.
4980 S.W. 52 STREET
#115
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: Juan M Matos
82 Street Address (P.O. Box Number is Not Acceptable): 4650 S.W. 51 street
83 Suite 713
84 City: DAVIE FL 85 Zip Code: 33314

11. Pursuant to the provisions of Section 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: Juan M Matos (President) 4.26.96
Signature, typed or printed name of registered agent and title if applicable — (Required) Registered Agent Signature — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATOS, JUAN M.		1.2 NAME		
STREET ADDRESS	4980 SW 52ND ST SUITE 115		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, EDDIE		2.2 NAME		
STREET ADDRESS	4980 SW 52ND ST SUITE 115		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	800001828948	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-05/20/96--01037--015	
TITLE		☐ DELETE	6.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Juan M. Matos (President) 4-26-96 (954) 797-9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #