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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L43312** **(2)**

1. Corporation Name
EVOLUTION IMPORTS, INC.

Principal Place of Business	Mailing Address
1900 N. ANDREWS AVE., EXT. SUITE C POMPANO BEACH FL 33069	1900 N. ANDREWS AVE., EXT. SUITE C POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1990
3a. Date of Last Report: 09/16/1994

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: 65-0169209 ☐ 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

ROMEU, ANTONIO A
10691 N. KENDALL DRIVE, #301
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: ROMEU, ANTONIO A
82 Street Address (P.O. Box Number is Not Acceptable): THE ALHAMBRA
83: 121 NW 85 Place
84 City: MIAMI FL 85 Zip Code: 33126

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 _____ DATE March 30/95
Signature, typed or printed name, of registered agent and title if applicable. (NOTE: For a Florida Profit Corporation, the Registered Agent's signature is required in all cases.)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, GONZALO
STREET ADDRESS	4905 N.W. 82ND TERRACE
CITY ST ZIP	CORAL SPRINGS FL 33067
TITLE	VM
NAME	AVELLANEDA, VICENTE
STREET ADDRESS	4905 N.W. 82ND TERRACE
CITY ST ZIP	CORAL SPRINGS FL 33067
TITLE	STD
NAME	MARTIN, FRANCISCO J
STREET ADDRESS	12422 CLASSIC DR.
CITY ST ZIP	CORAL SPRINGS FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☒ Change ☐ Addition	MR. AVELLANEDA, VICENTE IS NO MORE AN OFFICER OR DIRECTOR OF THIS CORPORATION. HIS NAME MUST BE DELETED.
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition	

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: _____ 6/27/95 305-969-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0428802 FP