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

APPROVED AND FILED

95 APR 27 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52253** **(6)**

1. Corporation Name
MOTORAMA EXPRESS, INC.

Principal Place of Business	Mailing Address
% CARLOS A. ACOSTA 1036 S.W. 1ST ST., MIAMI FL 33130	1036 SW 1 STREET MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1036 S.W. 1 ST.
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FLORIDA
Zip 24 33130 Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0302572 ☐ 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

FL ANNUAL REPORT CANTERA ASSOCIATES INC
1036 SW 1ST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI **FL** 85 Zip Code: 33130

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: _____ AMADA C. LOPEZ, PRES 4/25/95
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 IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, CARLOS A.	12 NAME	
STREET ADDRESS	1265 W 5TH CT	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	
TITLE	TSD	21 TITLE	☐ Change ☐ Addition
NAME	LORENZO, FRANK	22 NAME	400001471734
STREET ADDRESS	6223 W 24 AVE.	23 STREET ADDRESS	-05/02/95--01150--005
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	****~~400.00~~ ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	200.00
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	SP 4/27
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: _____ PRES/D 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
CARLOS ACOSTA

0126203 CP