

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

3-1-95 P-1465-C

APPROVED
AND
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95 MAR -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L52836 (8)
1. Corporation Name
AUTO SUR, INC.

Principal Place of Business Mailing Address
3802 CURTISS PKWY 3802 CURTISS PKWY
HIALEAH GARDENS FL 33166 HIALEAH GARDENS FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/22/1990 3a. Date of Last Report 03/30/1994
4. FBI Number 59-2998623 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

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code
CODESAL, SERGIO
3802 CURTISS PKWY
HIALEAH GARDENS FL 33166

10. Name and Address of New Registered Agent

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: _____
Signature (print or printed name of registered agent, and if not applicable, (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | CODESAL, SERGIO |
| STREET ADDRESS | 2618 NE 14TH ST |
| CITY- ST- ZIP | FT LAUDERDALE FL |
| TITLE | VD |
| NAME | CURBELO, JUAN ANTONIO |
| STREET ADDRESS | 11665 NW 26 ST |
| CITY- ST- ZIP | FT LAUDERDALE FL |
| TITLE | S |
| NAME | CODESAL, MARIA, ELENA |
| STREET ADDRESS | 2618 NE 14TH ST |
| CITY- ST- ZIP | FT LAUDERDALE FL |
| TITLE | T |
| NAME | CURBELO, PAQUITA |
| STREET ADDRESS | 11665 NW 26 ST |
| CITY- ST- ZIP | FT LAUDERDALE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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(6)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13, changed, or on an attachment with an addition.

SIGNATURE: *Maria E. Codesal* 2/10/95 305-871-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY