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

FILED
95 JAN 25 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L54423 (3)

1. Corporation Name
AZCUE MOTOR INC.

Principal Place of Business	Mailing Address
6997 NW 50 ST MIAMI FL 33166 US	6997 NW 50 ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 7003 NW 50 St.
Suite, Apt. #, etc. 22
City & State 23 Miami, Fl.
Zip 24 33166 Country 25

2a. Mailing Address
26 7003 NW 50 St.
Suite, Apt. #, etc. 27
City & State 28 Miami, Fl.
Zip 29 33166 Country 30

4. FEI Number: 65-0178052 ☐ 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

AZCUE, PAULINO
13091 NW 43RD AVE
BAY B-8
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name: Azcue, Paulino
82 Street Address (P.O. Box Number is Not Acceptable): 6405 Leonardo St.
83
84 City: Coral Gables FL 85 Zip Code: 33146

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: X [signature] 1-20-95
(Signature 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	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	AZCUE, PAULINO	1.2 NAME	DP
STREET ADDRESS	11263 SW 24TH TER	1.3 STREET ADDRESS	Azcue, Paulino
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	6405 Leonardo St. Coral Gables, Fl. 33146
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Hacer un cheque a/: Department of State
$ 200.00
Antes de May 1st

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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: X [signature] Paulino Azcue-President 1-20-95 305-599-0995
(Typed or printed name of person signing) (Title) (Date) (Telephone Number)

0101180 CP