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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:02

DOCUMENT # **L68634** **(9)**

1. Corporation Name
TROPICAL AUTO SALES OF HIALEAH, INC.

Principal Place of Business	Mailing Address
% MIRTHA RODRIGUEZ 578 E. 9TH ST. HIALEAH FL 33010	% MIRTHA RODRIGUEZ 578 E. 9TH ST. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 08/30/1994

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

4. FEI Number: 65-0188207 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIRTHA
578 E. 9TH ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	RODRIGUEZ, CLARINDA	12 NAME	RODRIGUEZ, REGINO	
STREET ADDRESS	401 S.E. 6TH ST.	13 STREET ADDRESS	400 SE 5TH ST.	
CITY ST ZIP	HIALEAH FL 33010	14 CITY ST ZIP	HIALEAH, FL. 33010	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	RODRIGUEZ, MIRTHA	22 NAME	RODRIGUEZ MIRTHA	
STREET ADDRESS	400 S.E. 6TH ST.	23 STREET ADDRESS	400 SE 5 STREET	
CITY ST ZIP	HIALEAH FL 33010	24 CITY ST ZIP	HIALEAH, FL. 33010	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
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		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that this 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.

305 - 884

SIGNATURE: M Rodriguez MIRTHA Rodriguez 1-11-95 7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078938 CP