

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

**AMENDED**

**APPROVED AND FILED**

95 JUN 20 PM 6:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L 68634 (9)**

1. Corporation Name  
**TROPICAL AUTO SALES of HIALEAH, INC**

Principal Place of Business Mailing Address  
**c/o MIRTHA RODRIGUEZ c/o MIRTHA RODRIGUEZ**  
**578 E 9 ST. 578 E 9 ST**  
**HIALEAH, FL 33010 HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **4-25-1990** 3a. Date of Last Report **1-11-95**  
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 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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**RODRIGUEZ, MIRTHA**  
**578 E 9 STREET**  
**HIALEAH, FL 33010**

10. Name and Address of Now Registered Agent  
B1 Name  
B2 Street Address (P O Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (Name) \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE **P**  
2. NAME **RODRIGUEZ, RAGIND**  
3. STREET ADDRESS **400 SW 5th STREET**  
4. CITY ST ZIP **HIALEAH, FL 33010**  
5. TITLE **ST.**  
6. NAME **RODRIGUEZ, MIRTHA**  
7. STREET ADDRESS **400 SW 5th STREET**  
8. CITY ST ZIP **HIALEAH, FL 33010**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE **PST**  Change  Addition  
2. NAME **RODRIGUEZ, MIRTHA**  
3. STREET ADDRESS **400 SW 5th STREET**  
4. CITY ST ZIP **HIALEAH, FL 33010**  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS **200001519102**  
8. CITY ST ZIP **-06/21/95--01041--014**  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS **\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
12. CITY ST ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY ST ZIP  
17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY ST ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY ST ZIP  
25. TITLE  Change  Addition  
26. NAME  
27. STREET ADDRESS  
28. CITY ST ZIP  
29. TITLE  Change  Addition  
30. NAME  
31. STREET ADDRESS  
32. CITY ST ZIP  
33. TITLE  Change  Addition  
34. NAME  
35. STREET ADDRESS  
36. CITY ST ZIP  
37. TITLE  Change  Addition  
38. NAME  
39. STREET ADDRESS  
40. 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 118 07(3)(b), 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: **MIRTHA RODRIGUEZ** 5-19-95 7737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)