FILE NO[illegible]LING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 12 AM 6:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000617

1. Corporation Name
TODO AUTO, L.C.

Principal Place of Business	Mailing Address
5000 SW 52ND St. BAY 508 DAVIE, FL 33314	4650 SW 51st St. BOX 717 DAVIE, FL 33314

3. Date Incorporated or Qualified: 5-30-96	3a. Date of Last Report: Initial
4. FEI Number: 65-0675121	☐ 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 4650 SW 51 St.	26 199 S.W 12th AVE.
22 Suite, Apt. #, etc. BOX 717	27 Suite, Apt. #, etc. SUITE 11
23 City & State DAVIE, FL	28 City & State MIAMI, FLORIDA
24 Zip 33314 25 Country U.S.A.	29 Zip 33130 30 Country U.S.A.

9. Name and Address of Current Registered Agent

JORGE E. OYARCE
199 SW 12 AVENUE, STE 11
MIAMI, FL 33130-1056

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 - type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MGRM. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCELO FERNANDO PINXCHET	1.2 NAME	500002216235--3
STREET ADDRESS	4650 SW 51 STREET, BOX 717	1.3 STREET ADDRESS	-06/18/97--01092--008
CITY-ST-ZIP	DAVIE, FL 33314	1.4 CITY-ST-ZIP	****165.00 165.00
TITLE	MEMBER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LINA S. RIGPOLI-CARRAMO	2.2 NAME	
STREET ADDRESS	4650 SW 51 ST. BOX 717	2.3 STREET ADDRESS	500002216235--3
CITY-ST-ZIP	DAVIE, FL 33314	2.4 CITY-ST-ZIP	-06/18/97--01092--009
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	*****38.75 *****38.75
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6/16/97

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 5/1/97 (954) 316-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #