

FROM : J.E. OYARCE & ASSOCIATES

PHONE NO. : 305 324 4959

APR. 29 1999 01:12PM F5

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -4 PM 4:17

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company TODO AUTO, L.C. 1 99 SW 12TH AVENUE SUITE 11 MIAMI, FL 33130		DOCUMENT # L96000000617	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. Principal Place of Business Address 3. Date Organized or Qualified 05/30/96 3a. State of Formation FL 4. FEI Number 65-0675121 ☐ Applied For ☐ Not Applicable 5. Date of Last Report 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent OYARCE, JORGE 1 99 SW 12TH AVENUE SUITE 11 MIAMI, FL 33130-1056		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PINOCHET, MARCELO FERNANDO	1303 NW 1ST STREET, # 303 PEMBROKE PINES, FL 33024	
MGRM	RISPOLI-CARCAMO, GINA	1303 NW 1ST STREET, #303 PEMBROKE PINES, FL 33024	

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

FERNANDO M PINOCHET

04/28/99

954-965-4407