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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:28

DOCUMENT # L96925

(7)

1. Corporation Name

VICHERA AUTO CENTER, INC.

Principal Place of Business

4447 N.E. 6TH TERR
OAKLAND PARK FL 33334

Mailing Address

4447 N.E. 6TH TERR
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/28/1990

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0214889

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

21 3749 N. FEDERAL HWY.

2a. Mailing Address

26 3749 N. FEDERAL HWY

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23 Pompano Beach FL

City & State

28 Pompano Beach FL

Zip

24 33064

Country

25 Broward

Zip

29 33064

Country

30 Broward

9. Name and Address of Current Registered Agent

VICHERA, ROBERTO D.
10310 N.W. 39TH MANOR
CORAL SPRINGS FL 33065

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 607.1506, 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

(Signature required for principal name of registered agent and for all applicable)

(Signature required for agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VICHERA, ROBERTO
10310 NW 39TH MANOR
CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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 owner or holder of a share of the corporation and that I am required by Chapter 607, Florida Statutes, to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

2/6/95 3057866040