2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05575 1. Entity Name					FILED Feb 01, 2000 8:00 am			
THE AUT	TO IMAGE, INC.				Se	cretary	of Stat	te
Principal Place	e of Business	Mailing Address	v -		02	:-01-2000 90126 (J25 ***150.00)
7319 NW 56.ST MIAMI FL 33166 US		7319 NW 56 ST. MIAMI FL 33166-4203 US						
560		3. Mailing Address 5605 N.W. Suite, Apt. #, etc.	74 AVE	2.		DO NOT WRITE IN	THIS SPACE	
Suite, Apt.					FE()			pplied For
City & State	ii. Aorida	City & State MiAMi, Fl	orida		FEI Number	59-2459509	N	ot Applicable
3310	OG Country USA	33166	Country S A	5	5. Certificate of	Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent	Name-		7. Name and A	Idress of New Regist	ered Agent	
7319	, MIGUEL E.) NW 56 ST /II FL 33166			ddress (P.C 6.05	D. Box Number is	s Not Acceptable) 56 St	rect FL Zip Coc	164 3164
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered	agent, or both,	in the State of Florida.		
SIGNATURE _							DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and utle if applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					10. Electi	on Campaign Financin Fund Contribution.	g \$5. (O May Be d to Fees
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CH	IANGES TO OFFICERS	AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, MIGUEL E. 6900 SW 95 AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 Avenue 33173	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, NILDA T. 6900 SW 95 AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6100	່ ບ່ຽນ 9	17 Avenue 33173	Change	☐ Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		27711		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated of the cor	Certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empoyor or on an attachment with an address, where the content with an address.	rue and accurate and that my vered to execute this report as	:sionature shall h	ave the sar	ne legal effect a	s if made under oath: I	hat I am an office	r or director

GOFFICER OR DIRECTOR President