

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M16815

1. Entity Name

LAS AMERICAS AUTOSERVICE, INC.



Principal Place of Business

2201 S.W. 122 AVENUE
MIAMI FL 33175

Mailing Address

2201 S.W. 122 AVENUE
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2635204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUESADA, G. FRANK
747 PONCE DE LEON BLVD.
STE. 610
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MORALES, SILVIO A.
STREET ADDRESS 730 S.W. 101ST CT. CIR.
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete
NAME PERNAS, CARLOS
STREET ADDRESS 730 S.W. 101ST CT. CIR.
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete
NAME RIVERA, ARISTIDES
STREET ADDRESS 730 S.W. 101ST CT. CIR.
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete
NAME PERNAS, DELFIN
STREET ADDRESS 730 S.W. 101ST CT. CIR.
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete
NAME SANTA-CRUZ, RALPH
STREET ADDRESS 730 S.W. 101ST CT. CIR.
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete
NAME MORALES, SILVIO R.
STREET ADDRESS 730 S.W. 101ST CT. CIR.
CITY-ST-ZIP MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000060412
02/23/04-80038-020 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Silvio A. Morales* **SILVIO A. MORALES (PRESIDENT)** 3/17/04 (305) 226-9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #