

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 023 ***150.00

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

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORALES, SILVIO A.	
STREET ADDRESS	730 S.W. 101ST CT. CIR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PERNAS, CARLOS	
STREET ADDRESS	730 S.W. 101ST CT. CIR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVERA, ARISTIDES	
STREET ADDRESS	730 S.W. 101ST CT. CIR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERNAS, DELFIN	
STREET ADDRESS	730 S.W. 101ST CT. CIR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTA-CRUZ, RALPH	
STREET ADDRESS	730 S.W. 101ST CT. CIR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> 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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNAS, CARLOS	
STREET ADDRESS	11805 SW. 20 ST., suite B-14	
CITY - ST - ZIP	MIAMI FLA. 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11805 SW. 20 ST., suite B-14	
CITY - ST - ZIP	MIAMI, FLA. 33175	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11805 SW. 20 ST., suite B-14	
CITY - ST - ZIP	MIAMI, FLA. 33175	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11805 SW. 20 ST., suite B-14	
CITY - ST - ZIP	MIAMI, FLA. 33175	

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05 (305) 226-9825
Date Daytime Phone #