FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M20683** **(2)**

1. Corporate Name
SNAPPER CREEK CAR CARE, INC.

Principal Place of Business
10191 S.W. 72ND ST.
MIAMI FL 33173-3004

Mailing Address
10191 S.W. 72ND ST.
MIAMI FL 33173-3004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **09/17/1985**
3a. Date of Last Report: **03/14/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
22 Suite Apt. # or Bldg.
27 Suite Apt. # or Bldg.
23 City & State
28 City & State
24 City 25 County 29 City 30 County

4. FEI Number: **59-2581534** Applied For / Not Applicable

5. Certificate of Status Desired: X **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. Does the corporation qualify for changes as under s. 607.0193 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

ESTRADA, ORESTES
7791 S.W. 68TH TERRACE
MIAMI FL 33143

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 Section 607.0502 and 607.1008, 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 s. 607.0505, Florida Statutes.

SIGNATURE
Signature of Individual Registered Agent (if applicable) — Signature of Corporate Officer (if registered agent is corporation) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ESTRADA, ORESTES	NAME	
STREET ADDRESS	7791 S.W. 68TH TERRACE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	VPSD	TITLE	☐ Change ☐ Addition
NAME	ESTRADA, DALIA	NAME	
STREET ADDRESS	7791 SW 68TH TERRACE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I 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)(i), Florida Statutes. Further I certify that the information indicated on the 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 receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or on an attachment with an address.

SIGNATURE: Orestes Estrada — Orestes Estrada — 305-271-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0107682 CP