

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP 10 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M66944 (3)

1. Corporation Name
AUTOWORLD OF AMERICA CORPORATION

Principal Place of Business
8800 NW 27TH AVE.
MIAMI FL 33147

Mailing Address
8800 NW 27TH AVE.
MIAMI FL 33147

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/01/1988

3a. Date of Last Report
07/25/1995

4. FEI Number
65-0026269

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

9. Name and Address of Current Registered Agent

PERTIERRA, RAUL E.
1524 ALGARDI AVE.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of Registered Agent or Receiver

Signature of Secretary or Agent for Service of Process

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	PERTIERRA, RAUL E.	1524 ALGARDI AVE.	CORAL GABLES FL	☐
D	PERTIERRA, LILY M.	1524 ALGARDI AVE.	CORAL GABLES FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
21				☐	☐	☐
22				☐	☐	☐
23				☐	☐	☐
24				☐	☐	☐
31				☐	☐	☐
32				☐	☐	☐
33				☐	☐	☐
34				☐	☐	☐
41				☐	☐	☐
42				☐	☐	☐
43				☐	☐	☐
44				☐	☐	☐
51				☐	☐	☐
52				☐	☐	☐
53				☐	☐	☐
54				☐	☐	☐
61				☐	☐	☐
62				☐	☐	☐
63				☐	☐	☐
64				☐	☐	☐

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)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RAUL E. PERTIERRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-96

B: 3059010745

CR2E034 (3/96)