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FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000979 (3)

1. Corporation Name

AUTOMOTIVE SERVICE ASSOCIATION OF DADE COUNTY, I NC.

Principal Place of Business

Mailing Address

3005 NE 2ND AVE
MIAMI FL 33137-4113
US

3005 NE 2ND AVE
MIAMI FL 33137-4113
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 13345 NW 7 AVE

22 City & State

27 MIAMI FL

23 Zip Country

28 33168 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1995

4. FEI Number

65-0573441

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

RUBIN, JONATHAN R
9350 S DIXIE HWY, PH2
MIAMI FL 33156

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CORTEZ, GABRIEL
STREET ADDRESS 3005 NE 2ND AVE
CITY-ST-ZIP MIAMI FL 33137-4113

TITLE DVM ☐ DELETE

NAME SAENZ, MARLON
STREET ADDRESS 18631 SW 105TH PLACE
CITY-ST-ZIP MIAMI FL 33157

TITLE DT ☒ DELETE

NAME GROUX, MIKE
STREET ADDRESS 8825 SW 129 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE DVB ☒ DELETE

NAME MILLER, DAVID
STREET ADDRESS 551 NW 71 STREET
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE DT ☐ Change ☒ Addition

4.2 NAME Richard Moore
4.3 STREET ADDRESS 13345 NW 7 Ave
4.4 CITY-ST-ZIP N. MIAMI, FL 33168

5.1 TITLE DVM ☐ Change ☒ Addition

5.2 NAME DANIEL CAMPOS
5.3 STREET ADDRESS 4000 W. 16 Ave
5.4 CITY-ST-ZIP Hialeah, FL 33012

6.1 TITLE DVB ☐ Change ☒ Addition

6.2 NAME MIKE PIKE
6.3 STREET ADDRESS 3828 NW 2 Ave
6.4 CITY-ST-ZIP MIAMI FL 33137

14. 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 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:

Richard Moore DT RICHARD MOORE 4/29/98 305-688-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/97)