2001 Uniform Business Report (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P00000035194 1. Entity Name V.CARS QUALITY AUTO SALES CORP. 05-22-2001 90625 006 ***150 00 Principal Place of Business Mailing Address 4810 S.W. 75 AVENUE MIAMI, FLORIDA 33155-4437 553146 2. Principal Place of Business 3. Mailing Address P.O. 30x 558568 4810 S.W. 75 AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0997966 Not Applicable MIAMI, FLORIDA MIAMI Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33155-4437 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, BRUNO Street Address (P.O. Box Number is Not Acceptable) 2900 S.W. 100th. AVENUE MIAMI, FLORIDA 33165 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition D/P/V.P/T Delete TITLE TITLE NAME NAME RODRIGUEZ BRUNO STREET ADDRESS 2900 S.W. 100th.AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33165 Addition ☐ Delete TITLE S/ TITLE NAME RODRIGUEZ NELLY NAME STREET ADDRESS 10321 S.W.56th.STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33165 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUCHATURE AND THE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO RODRIGUEZ 4/23/01

PRESIDENT

(305) 267-1964

Daytime Phone #