_2001 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000039307 1. Entity Name R.J.R. AUTO SALES, CORP. 04-28-2001 90060 050 ***150.00 Mailing Address Principal Place of Business 16555 SW 197 TERR. 16555 SW 197 TERR. MIAMI FL 33187 A T U el MIAMI FL 33187 3. Mailing Address 2. Principal Place of Business 65555w 197tenn. 08905W18651 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State Not Applicable Country \$8.75 Additional Countr 5. Certificate of Status Desired MIAMI DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLIVA GEORGE Street Address (P.O. Box Number is Not Acceptable) 16555 SW 197 TERR. **MIAMI FL 33187** Zip Code City 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. GEORGE OLIVA SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. OlIVA GEORGE Addition Delete TITLE TITLE 165555W197+enn NAME NAME HORTA, RENE MIAMI-1=1 STREET ADDRESS STREET ADDRESS 2055 SW 122 AVE. #331 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE S D RODOIFO RODRIGUEZ Change 730 E. 9 Place HIALEAH - EL 33010 ٧D TITLE NAME PAREDA, ROBERTO NAME STREET ADDRESS STREET ADDRESS 450 E. 9 AVE. CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33010 ☐ Addition TITI F ☐ Delete NAME OLIVA: GEORGE ---NAME -____ STREET ADDRESS STREET ADDRESS 16555 SW 197 TERR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 or Block 12 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 DIRECTO