2001 UNIFORM BUSINESS REPORT (UBR) Amended P00000086305 DOCUMENT # 1. Entity Name B & L Auto connection, Inc. 01 JUN -8 AM 11: 10 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA 9696 N W 7th Avenue Miami, Florida 33150 3. Mailing Address 2. Principal Place of Business 9696 N W 7th Avenue 9696 N W 7th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable 65-1038484 Miami, Florida Miami, Florida \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33150 33150 Dade Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Barbaro Matos Liliana Cancino Street Address (P.O. Box Number is Not Acceptable) 9140 S W 123 Court 860 S E 6th AVenue Apt 4030 Hialeah, Florida 33010 Miami, Florida 33186 Zip Code Hialeah, Florida 33010 bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Barbaro Matos SIGNATURE (NOTE: Registered Agent signature required when reinstating) d title if applicable. FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1,2271 will be \$550.00
Make Check The Land Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition K Delete TITLE President/Director NAME 000004475340-NAME Liliana Cancino -07/13/01--01103--006 STREET ADDRESS STREET ADDRESS 9140 S W 123 Court Apt 403Q CITY-ST-7IP *****61.25 CITY-ST-ZIP Miami, Florida 33186 ☐ Change TITLE TITLE VP/Director NAME NAME Oscar Cancino STREET ADDRESS STREET ADDRESS 10815 S W 112 Ave BLdg 7#111 CITY ST. 7IP CITY-ST-ZIP Miami, Florida 33176 President X Addition Change ☐ Delete TITLE TITLE NAME Barbaro Matos NAME STREET ADDRESS STREET ADDRESS 860 S E 6th Avenue CITY-ST-ZIP CITY-ST-ZIP Hialeah, Florida 33010 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change _ Addition . TITLE TITLE Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 attact ment with anyaddress, with all other like empowered. 4-16-01

Barbaro Matos

NAME OF SIGNING OFFICER OR

SIGNATURE: