→ FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100579 1. Entity Name 02 SEP -3 PM 1:29_ BRICKELL COMPLETE AUTO SERVICES, INC. -SECRETARY OF STATE TAPLAHIASSEE_ELORIDA DO NOT WRITE IN THIS SPACE 000007675740--0 -09/12/02--01008--031 2. Principal Place of Business 3. Mailing Address 795 SW-6 ST. ****150.00 ****150.00 795 SW 6 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. El Number MIAMI, FLORIDA Applied For MIAMI, FLORIDA 65- 11º Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent **ROLANDO ARMENGOL** DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE **795 SW 6 STREET** City MIAMI Zip Code pose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034B (12/01) NAME ROLANDO ARMENGOL NAME STREET ADDRESS STREET ADDRESS 10640 SW 99 ST., MIAMI; FL 33176 CITY-ST-7(P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME MALA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-ZIP TITLE INLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP 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 attachment with an address, with all other like empowered.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2 9/3/02

Daytime Phone #

8-30-02

BRICKELL COMPLETE AUTO SERVICES, INC. DOC. # P01000100579

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

ROLANDO ARMENGOL

PRESIDENT