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03 APR 29 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800016809018
04/23/03--01060--015 **185.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000051196

1. Entity Name
MOLINA MOTORS INC

Principal Place of Business	Mailing Address
8004 NW 154TH STREET 300 MIAMI LAKES, FL 33016	8004 NW 154TH STREET 300 MIAMI LAKES, FL 33016

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3679399 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, EMILIA C
8004 NW 154TH STREET
#300
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name: Molina, Emilia
Street Address (P.O. Box Number Is Not Acceptable): 8004 NW 154 Street # 300
City: Miami Lakes FL Zip Code 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOLINA, EMILIA C 4711 NW 4TH TERR #4 MIAMI, FL 33126	☐ Delete	VP GUSTAVO A. MOLINA 4711 NW 4 Terr #4 MIAMI FL 33126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUSTAVO A. MOLINA 4711 NW 4 Terr #4 MIAMI FL 33126	☐ Delete	SEC Jose M. Molina 4711 NW 4 Terr #4 MIAMI FL 33126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/21/03 305 823 8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 4/30