

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007764 (3)

1. Corporation Name

ITAL AUTO SERVICES, INC.



Principal Place of Business

Mailing Address

~~2425 SW 5TH TERRACE~~
~~HOLLYWOOD FL 33023~~
US

~~2550 N.E. 215TH ST.~~
~~N MIAMI BEACH FL 33149~~

2. Principal Place of Business

2a. Mailing Address

21 361 ANSEN BLVD

26 361 ANSEN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 HALLANDALE

28 HALLANDALE

Zip

Country

Zip

Country

24 33009

25 USA

29 33009

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0371500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

ALMAN, MARTIN H
17064 W DIXIE HIGHWAY
N. MIAMI BEACH FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MORELLO, FILADELFO
2550 N.E. 215TH ST.
N MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (as required), or in an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

456 3124

Date

Daytime Phone #

CR2E034 (12/95)