SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:24

DOCUMENT # P92000009481 (2)

1. Corporation Name

FOTO CAR MARINE CENTER, INC.

Principal Place of Business	Mailing Address
~~145 E FLAGLER ST~~ ~~SUITE A-4~~ ~~MIAMI FL 33131~~	~~145 E FLAGLER ST~~ ~~SUITE A-4~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1992	04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 76 E. Flagler Street	26 76 East Flagler Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 County 25 Dade	Zip 29 33131 Country 30 Dade

4. FEI Number 65-0380079 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TORRES, GUSTAVO E. ~~145 E FLAGLER ST~~ ~~#A-4~~ ~~MIAMI FL 33131~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 76 East Flagler Street 83 84 City Miami, FL 85 Zip Code 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	TORRES, GUSTAVO E	12 NAME	Torres, Gustavo E
STREET ADDRESS	~~145 E FLAGLER ST, #A-4~~	13 STREET ADDRESS	76 East Flagler Street
CITY-ST-ZIP	~~MIAMI BEACH FL~~	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	TORRES, GUSTAVO E.	22 NAME	Torres, Gustavo E.
STREET ADDRESS	~~145 E FLAGLER ST, APT A-4~~	23 STREET ADDRESS	76 East Flagler Street
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	Miami, Florida 33131
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E084 (3/95)

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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: X Gustavo E. Torres 6/20/95 305-358 1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037023 CP