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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9300008758 (3)

ACTION	I AUTO ELECTRIC PHODE	JU18, INU.						
Principal Piace o	of Business	Mailing Address				n continue sig toron tests abitly dates baken	90 11) 9818 1 19181 1901	AL ALLAS IRIL ZEAL
2030 S.W. 71ST TERRACE BAY C-9 DAVIE FL 33317 US		BAY C-9						
		DAVIE FL 33317 US				3. Date incorporated or Qualified 3a. Date of Last Report 01/29/1993 01/31/1995		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		Applied For
<u>d. </u>		26				65-0389452		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	-	5 Additional Required
Oty & State		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be
Ζιρ	Country	Zip	Cox	untry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intang	gitle tax under s	
IJ.,	25	29	30	_		Florida Statutes 🔀 Yes 🔲		
	9. Name and Address of Curre	nt Registered Agent		-	T	10. Name and Address of New Regis	tered Agent	
				81	Name			
MOLINA,		82 Street Ac		Street Addre	ess (P.O. Box Number is Not Acceptable)			
BAY C-9	V. 71ST TERRACE			83	 			
DAVIE FL	33317			84	City		FL 85 7	ip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ove-	named corpor	ation submits this statement for the purpose	of changing its	registered office
familiar with	id agent, or both, in the State of Flor i. and accept the obligations of, Sec	nda. Such change was author etion 607.0505, Florida Statuti	ized by the es.	cort	oration's boar	rd of directors. I hereby accept the appointment	ent as registered	agent. i am
SIGNATURE _s	figual inelitypeo or printed name of registered ages	of and title if applicable (NOTE Registere	d Ago	nt signature required	d when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
I*LF	D	☐ DELETE	☐ DELETE 11				Change	Addition
IAME	MOLINA, LEONARDO		12 N	IAME				
THEF! ADDRESS	2740 S.W. 154TH LANE		135	TREE	TADDRESS			
DEVEST ZIP	DAVIE FL 33331	☐ DELETE			ST-ZIP		Change	FT Addition
IILE	D	☐ peceit	2 1 1				Change	Addition Addition
IAME STREET ACORESS	MOLINA, SUSANA			AME	T ADDRESS			
DITY - ST- ZIP	2740 S.W. 154TH LANE DAVIE FL 33331							
ilité	DAVIE FL 33331			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
IAME		_	321	IAME				
STREET ADDRESS			33 5	STREE	ET ADDRESS			
DITY S1-ZIP			3.4 0	CITY -	ST-ZIP			
HTEF		☐ DELETE	4.1	TITLE			☐ Change	■ Addition
1AMF			4.2 N	IAME				
STREET ADDRESS			4.3.5	STREE	T ADORESS			
NUM 61 30					ST-ZIP			
		1	■ 6 1 °	TITLE			☐ Change	Addition
Ht.F		DELETE			1		La.	
THE F			5.2 %	iame				
OTEF NAME BERGLE ADDRESS			5.2 N 5 3 S	NAME STREE	f address			
THEF NAME SERIEL ADDRESS CITY - SE-ZIF		_	5.2 h 5 3 S 5 4 C	NAME STREE	ST-ZIP			☐ A ddition
TITLE NAME SIBILLE ADDRESS CITY - ST-ZIE TITLE		DELETE	5.2 h 53 S 54 C 6 1	NAME STREE CITY-! TITLE	ST-ZIP		☐ Change	☐ Addilion
NTCF VAME SCROTT ADDRESS COLY-ST-ZUF THES VAME		_	5.2 h 53 S 54 C 6 1 1	NAME STREE CITY-: TITLE NAME	ST-ZIP			☐ Addition
CHY ST ZIF THE NAME SERTE ADDRESS CHY-ST-ZIF THE NAME STREET ADDRESS CHY ST-ZIF		_	5.2 h 5.3 S 5.4 C 6.1 h 6.2 h	NAME STREE STREE NAME STREE	ST-ZIP			Addition

SIGNATURE: SUSANA

SUSANA Molina 1-16-96 305 476-4906 ING OFFICER OR DIRECTOR DESIGN PROVIDED