

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -2 PM 2:58

DOCUMENT # P93000019660 (8)

1. Corporation Name
JUST CARBURETORS, INC.

Principal Place of Business Mailing Address
2135B NE 161ST ST 2135B NE 161ST ST
N MIAMI BEACH FL 33023 N MIAMI BEACH FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/16/1993** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 **2156 NE 162 ST** 26 **2156 N.E. 162 ST.** **65-0400875** Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State **N. MIAMI BEACH, FL.** 28 City & State **N. MIAMI BEACH, FL.** 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **33162** 25 Country **U.S.A.** 29 Zip **33162** 30 Country **U.S.A.** 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, OMAR
2135B NE 161ST ST
N MIAMI BEACH FL 33023**

10. Name and Address of New Registered Agent

B1 Name **RODRIGUEZ, OMAR.**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **2156 N.E. 162 ST.**
B4 City **N.M.B.** FL B5 Zip Code **33162**

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]* **OMAR RODRIGUEZ** **MAIN OFFICER/OWNER** **JAN. 30.95**
Signature of the individual named as registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **RODRIGUEZ, OMAR**
STREET ADDRESS **2135B NE 161ST ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
1.2 NAME **RODRIGUEZ, OMAR**
1.3 STREET ADDRESS **2156 NE. 162 ST.**
1.4 CITY-ST-ZIP **N.M.B. FL. 33162**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **OMAR RODRIGUEZ** **MAIN OFFICER/OWNER** **JAN. 30.95 (305) 940-5136**
Signature and typed or printed name of signing officer or director. Date