

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021864 (2)

1. Corporation Name

AUTO RAMP INC.

Principal Place of Business

2040 NW 96TH AVE
MIAMI FL 33172

Mailing Address

2040 NW 96TH AVE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

08/11/1994

4. FEI Number

65-0409232

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

2. Principal Place of Business

21 49 NE 22 ST

Suite, Apt. #, etc.

22 202

City & State

23 Miami Florida

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 49 NE 22 ST

Suite, Apt. #, etc.

27 202

City & State

28 Miami Florida

Zip

29 33137

Country

30 USA

9. Name and Address of Current Registered Agent

KOLB, PETER
2040 NW 96TH AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

PETER KOLB

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

49 NE 22 ST SW 202

83

84 City

Miami Florida

FL

85 Zip Code

33137

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/27/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KOLB, PETER

STREET ADDRESS

2040 NW 96TH AVE

CITY - ST - ZIP

MIAMI FL 33172

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

PRESIDENT

PETER KOLB

49 NE 22 ST SW 202

Miami, Florida 33137

☐ Change ☐ Addition

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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)(b), 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 or change of or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER KOLB

7/27/95

305.579.9096