FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029449 (4) CUBANEYES AUTO SALES CORP. Principal Place of Business Mailing Address P.O. BOX 2001 HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1993 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 1680 1824 72 ST . 65-0406160 Not Applicable B. Apt. # etc. HIA LEAK \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State HIALEAL City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 3301 ADO DADE Yes 24 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ARMANOO PERETRA DIAZ, ARMANDO 1295 WEST SOTH ST. (DELETE) HIALEAN FL 33012 11. Pursuant to the provisions of Soctions 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. ARMANDO PERURA (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DP TITE F ARMANOO PERERA DIAZ, RITA 12 NAME MAME 1824 W. 78 ST. 1295 WEST 30TH ST. 1.3 STREET ADDRESS STREET ADDRESS HIAVEAH, FL 3301 HIALEAH FL 33012 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 21 TITLE VPS Addition TITLE aluando perera DIAZ. OMAR 2.2 NAME NAME Haleah Fl. 33014 1295 WEST 30TH ST. 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE __ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 trusted 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 altachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

4-27-98

FILED

May 12 1998 8:00am

Secretary of State