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SECKETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CUBANEYES AUTO SALES CORP
(Name of Corporation)
DOCUMENT NUMBER: P93000029449
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arlene Rodriguez (Name of Contact Person)
Arca Legal Services Corp (Firm/Company)
9500 N.W 77th Avenue, Suite - 16
· (Address)
Hialeah Gardens, Florida 33016 (City/State and Zip Code)
For further information concerning this matter, please call:
ARMANDO DIAZ (Name of Contact Person) at (305) 342-3800 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ar to change its registered office or registe	ized under the laws of the State of _	FLORIDA
1. The name of	the corporation: CUBANEYES AUTO SA	LES CORP	
2. The principal	office address: 1680 WEST 41 STREET		
	HIALEAH, FL 33012		
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 04/22/1994	Document number: P930000)29449
	d street address of the current registered aptrement of State:	gent and registered office on file wit	th the
	ARMANDO DIAZ		_
	1295 WEST 30 STREET		06
	HIALEAH, FL 33012		06 NOV
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered offi	
	JORGE LUIS MORALES		ST ST ST
	6560 WEST 12 AVENUE		35 ATE ARIDA
	(P.O. Box NOT acceptable)		•
	HIALEAH, FL 33012		-
The street addre	ess of its registered office and the street be identical.	address of the business office of its	s registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	I by its board of directors or by an tified in writing of the change.	officer so
am	hell -	ARMANDO DIAZ	
	the appointment as registered agent an the appointment as registered agent an to comply with the provisions of all statt d I am familiar with and accept the obli ng filed merely to reflect a change in th s been notified in writing of this change.	(Printed or typed name and to d agree to act in this capacity, utes relative to the proper and com- igation of my position as registered e registered office address, I hereb	
- A-	gnature of Registered Agent)	(Data)	
	half of an entity:	(Date)	
(7	yped or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314