

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

95 JUL -7 AM 8:54

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # P93000034203 (8)

1. Corporation Name

CAR MERCHANTS OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last Report 07/14/1994
4. FEI Number 65-0410986	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. 100.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
5150 SW 48 WAY BAY 607 DAVIE FL 33314 US		5150 SW 48 WAY BAY 607 DAVIE FL 33314 US	
2. Principal Place of Business	2a. Mailing Address		
21 4960 SW 52 ST	26 4960 SW 52 ST		
Suite, Apt. #, etc. 22 # 415	Suite, Apt. #, etc. 27 # 415		
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL		
Zip 24 33314	Country 25 USA	Zip 29 33314	Country 30 USA

9. Name and Address of Current Registered Agent	
MCCLYMONDS, ROBERT C 7900 RED RD., S-25 S MIAMI FL 33143	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KOKIN, ALEJANDRO 1581 BRICKELL AVE., #1208 MIAMI FL 33129	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PSD KOKIN, ALEJANDRO 1494 LANTANA CT FT. LAUDERDALE, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ 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 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addition with an address.

SIGNATURE:

Alejandro Kokin
ALEJANDRO KOKIN, P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95 (305) 792-6133
Date Daytime Phone #