FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000038497 (2)**

1. Corporation Name

MASTER AUTO MECHANICS, INC.

Principal Place of Business

1510 S. DIXIE HIGHWAY
HOLLYWOOD FL 33020

Mailing Address

1510 S. DIXIE HIGHWAY
HOLLYWOOD FL 33020

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: **05/28/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0413866** — 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. The corporation is liable for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLON, JOSE A
1510 S. DIXIE HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 Section 607.0505 or F.S. 608, 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. Signature of an officer or director of the corporation or a receiver or trustee acting pursuant to law.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	COLON, JOSE A
STREET ADDRESS	12363 NW 13TH COURT
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	D ☐ DELETE
NAME	LOPEZ, PEDRO L
STREET ADDRESS	736 NW 102ND ST.
CITY-ST-ZIP	MIAMI FL 33150
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Add
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Add
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Add
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Add
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Add
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Add
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I DULY ELECTED, certify that the above-named officers, directors, or agents, have consented to serve in the capacity indicated in Section 607.0505 or F.S. 608, Florida Statutes. I further certify that the information indicated on this document or any 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 a separate attached sheet, with my title.

SIGNATURE: 1-22-96 (305) 723-1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)