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 # P93000039480 (7)

1. Corporation Name

LARGO'S AUTO BOUTIQUE, INC.

Principal Place of Business	Mailing Address
104575 N OVERSEAS HWY KEY LARGO FL 33037	104575 N OVERSEAS HWY KEY LARGO FL 33037

3. Date Incorporated or Qualified **05/28/1993**	3a. Date of Last Report **04/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0424149**	Applied For / Not Applicable
21		26			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DEJESUS, RAMON JR
24862 SW 127 PL
HOMESTEAD FL 33032

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 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 _____   DATE 4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME **DEJESUS, RAMON JR**		1.2 NAME	
STREET ADDRESS **24862 SW 127 PL**		1.3 STREET ADDRESS	
CITY-ST-ZIP **HOMESTEAD FL**		1.4 CITY-ST-ZIP	
TITLE **DST** ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME **DEJESUS, ANGELA D**		2.2 NAME	
STREET ADDRESS **24862 SW 127 PL**		2.3 STREET ADDRESS	
CITY-ST-ZIP **HOMESTEAD FL**		2.4 CITY-ST-ZIP	
TITLE **DV** ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME **GOULD, ROBERT F.**		3.2 NAME	
STREET ADDRESS **51 SNAPPER AVENUE**		3.3 STREET ADDRESS	
CITY-ST-ZIP **KEY LARGO FL**		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: _____   4-30-96   305-451-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)