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

PROFIT CORPORATION ANNUAL REPORT

information indicated on this ar Lam an officer or director o

appears in Block 12 or B

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

01₹ 21-97

Date

Daytime Phone #

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000052536 (8)

KIKO'S MOTORS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 3233 NW 7TH ST 3233 NW 7 ST MIAMI FL 33125 MIAMI FL 33125-4139 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0422303 26 Not Applicable Suite, Apt. #, etc. Side Apt # etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Žip Country Country $Z_{\rm IP}$ 8. This corporation has liability for intangible tax under s. 199 032, Yes XXNo 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARGUELLES, ALBERTO 3233 NW 7 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 84 City 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 Signal semigroup printed name of registered ages tiano title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ARGUELLES, ALBERTO NAME 1.2 NAME 3233 NW 7TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - \$1 - ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME NAM: STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - \$1 - 7161 DELETE 3.1 THLE ☐ Change ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS D/TY+ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 24P 4.4 CITY-ST-ZIP DELETE Change Addition $H \cup E$ 5.1 THLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP C-TY-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE NAM: 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied information indicated on this down in report of

an attachment with an addisserto ARGUELLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR