FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065664 (3)**

1. Current Name
A-1-A CAR CARE CENTER, INC.

Principal Place of Business
7700 N.W. 27TH AVE.
MIAMI FL 33147

Mailing Address
7700 N.W. 27TH AVE.
MIAMI FL 33147

(Changes Only in This SPACE)

3. Date Incorporated/Qualified: **09/20/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0437253** ☐ Applied For ☐ Not Applicable

Suite, Apt. #
22

Suite, Apt. #
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City, State
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. This corporation has filed, or elected to file, under S. 180.1105, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ARAGUEZ, DAVID
7700 N.W. 27TH AVE.
MIAMI FL 33147

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 607.1007 and/or 617.1007, 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 607.325, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
01	PD	01	☐ Change ☐ Addition
NAME	ARAGUEZ, DAVID	02 NAME	
STREET ADDRESS	7250 S.W. 13TH TERRACE	03 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	04 CITY-ST-ZIP	
02	D	05	☐ Change ☐ Addition
NAME	GARCIA, GUILLERMO M	06 NAME	
STREET ADDRESS	5710 WEST 20TH CT.	07 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	08 CITY-ST-ZIP	
03	V	09	☐ Change ☐ Addition
NAME	IGLESIAS, ORLANDO	10 NAME	
STREET ADDRESS	4855 NW 4 AVENUE	11 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	12 CITY-ST-ZIP	
04	T	13	☐ Change ☐ Addition
NAME	GARCIA, GUILLERMO M	14 NAME	
STREET ADDRESS	5710 W. 20 CT.	15 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	16 CITY-ST-ZIP	
05		17	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
06		21	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurately typed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that this report shall bear 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 above, or on an attachment with an address.

SIGNATURE: - DAVID ARAGUEZ 4/19/95 **305-9139**
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED AGENT (Date) (Telephone Number)

0161125 CP