

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087132 (5)

1. Corporation Name

KARAY AUTO, INC.

Principal Place of Business

1031 S.W. 8TH STREET
MIAMI FL

Mailing Address

1031 S.W. 8TH STREET
MIAMI FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

25 Suite, Apt. #, etc.

4. FEI Number
65-0456068

Applied For
Not Applicable

22 City & State

27 City & State

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

5. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip

24 Country

28 Zip

30 Country

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUIZ-ROJAS, FABIO A ESQ.
2350 CORAL WAY
SUITE 201
MIAMI FL 33145

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	BACALLAO, RAYMOND
STREET ADDRESS	1031 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	BACALLAO, CARIDAD
STREET ADDRESS	1031 S.W. 8TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

305 642-3671