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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DOCUMENT # P94000004703 (2)

1. Corporate Name

EXCLUSIVE MOTOR USED CARS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~2517 NW. 21ST TERRACE #11 MIAMI FL 33142~~	~~2517 N.W. 21ST TERRACE #11 MIAMI FL 33142~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 5060 W 12 AVE	2a. Mailing Address 26: 5060 W 12 AVE
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: HIALEAH FL	City & State 28: HIALEAH FL
Zip 24: 33012 Country 25: DADE	Zip 29: 33012 Country 30: DADE

4. FEI Number: 65-0461054 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONTRERAS, JOSE A
4290 WEST 11TH LANE
HIALEAH FL 33012

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONTRERAS, JOSE A
STREET ADDRESS	4290 WEST 11TH LANE
CITY-ST-ZIP	HIALEAH FL 33012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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: J. Alberto Contreras — 2-20-95 — (305) 825-2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0193000 CP