

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 # P94000009886

1. Corporation Name

21 Century Automotive Replacement Corp.

Principal Place of Business

Mailing Address

5551 N.W. 72 Ave.
Miami, FL 33166

5551 N.W. 72 Ave.
Miami, FL 33166

3. Date Incorporated or Qualified

2-7-94

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 5551 N.W. 72 AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

MIAMI FL

27

Zip

33166

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tamayo, Arles
9230 S.W. 134 Place
Miami, FL 33186

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 the individual agent and the corporation)

Signature (typed or printed name of the individual agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PT
TAMAYO, Arles
STREET ADDRESS 5551 N.W. 72 Ave.
CITY-STATE-ZIP Miami, FL 33166

TITLE ☐ DELETE

NAME TP S
TAMAYO, Teresa
STREET ADDRESS 5551 N.W. 72 Ave
CITY-STATE-ZIP Miami, FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

100001784681

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-96

(305) 885-4408

Date

City/State/Phone #

CR2E034 (12/95)