## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 79400007886 Century Automotive Replacement Corp. Mailing Address Principal Place of Business 5551 N.W. 72 Ave. 5551 N.W. 72 Ave. Miami, FL 33166 Miami, FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 2-7-94 1995 4. FEI Number Applied For 2a. Muiling Address 2. Principal Place of Business 65-0485696 Not Applicable 21 5551 N.W. 72 AVE. 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution FL MIAMI Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country 210 Yes No Florida Statutes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Tamayo, arles Street Address (P.O. Box Number is Not Acceptable) 92 30 s.w. 134 Place 83 Miami, FL Zip Code 85 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE Signature, typed or project among of resistenced agent and the strapplicans. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIFFECTORS 12. DELETE 1.1 THE TITLE 1.2 NAME NAME Tamayo, arks 5551 N.W 72 AVR. 1.3 STREET ADDRESS STREET ADDRESS 14 CITY - S\* - Z-P Miami, FL 33166 CITY - ST - ZIP Change Addition DELFIE 2 1 THUE TITLE Tamayo, Teresa 5651 N.W. 72 Ave 2.2 NAME NAMÉ 2 3 SEREET ADDRESS STREET ADDRESS 2.4 CHY-SI-7/F Miami, FL 33166 CITY-S1-ZIP ☐ Addition ☐ Change DELETE 3 1 TITLE 11!LE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TOLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C. TY - ST - ZiP CHTY - ST - ZIP DELFTE Addition The Change 5 1 TI'LE TITLE 5.2 NAMÉ NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP 1000017845@Calinge - Addition DELETE 6.12003 TITLE -04/18/96--01005--004 6.2 NAME NAME \*\*\*208.75 6.3 STREET ADDRESS STREET ADDRESS

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)(k). Florida Statutes. I further certify that the information indicated on this annual report of 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

SIGNATURE:

appears in Block 12 or Block

04-11-96 (305) 885-4408