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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:57

DOCUMENT # **P94000012025 (0)**

1. Corporation Name
AVILES AUTO SALE CORP.

Principal Place of Business	Mailing Address
12951 N.W. 32ND COURT BAY 32 OPA LOCKA FL 33054	12951 N.W. 32ND COURT BAY 32 OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994	3a. Date of Last Report
4. FEI Number: 65-0467458	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. Has corporation been liable for intangible tax under S. 199.032, Florida Statutes? ☐ Yes ☐ No	

21 Principal Place of Business	26 Mailing Address
12951 N.W. 32nd Court	12951 N.W. 32nd Court
22 Suite, Apt. #, etc. Bay 32	27 Suite, Apt. #, etc. Bay 32
23 City & State: OPA LOCKA, FL	28 City & State: OPA LOCKA FL
24 Zip: 33054 25 County:	29 Zip: 33054 30 County:

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AVILES, GUSTAVO A 12951 N.W. 3ND COURT BAY 32 OPA LOCKA FL 33054	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 12951 N.W. 32nd Court 83 Bay 32 84 City: OPA LOCKA FL FL 85 Zip Code: 33054

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
001 TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	AVILES, GUSTAVO A	12 NAME	
STREET ADDRESS	2815 S.W. 24TH ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33145	14 CITY ST ZIP	
002 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
003 TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
004 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
005 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
006 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. [illegible] that the information supplied with this report is complete 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2-14-95 305-441-8975
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0101637 CP