

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-19-96

B-1259-NC

DOCUMENT # P94000012025 (0)

1. Corporation Name

AVILES AUTO SALE CORP.



Principal Place of Business

13051 NW 32ND COURT
BAY 13
OPA LOCKA FL 33054
US

Mailing Address

13051 NW 32ND COURT
BAY 13
OPA LOCKA FL 33054
US

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

02/22/1995

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., etc.

State, Apt., etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVILES, GUSTAVO A
13051 NW 32ND COURT
BAY 13
OPA LOCKA FL 33054

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 of person submitting this report (required for all corporations)

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
AVILES, GUSTAVO A
2815 S.W. 24TH ST.
MIAMI FL 33145

12 NAME
13 STREET ADDRESS

2. TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

22 NAME
23 STREET ADDRESS

3. TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

32 NAME
33 STREET ADDRESS

4. TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

42 NAME
43 STREET ADDRESS

5. TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

52 NAME
53 STREET ADDRESS

6. TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

62 NAME
63 STREET ADDRESS

7. TITLE ☐ DELETE

7. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

72 NAME
73 STREET ADDRESS

8. TITLE ☐ DELETE

8. TITLE ☐ Change ☐ Addition

NAME
Street Address
City, State, Zip

82 NAME
83 STREET ADDRESS

14. I, the undersigned, 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 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:

Gustavo A. Aviles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

441-8278

Date

Telephone #

CR2E034 (12/95)