CORP ANNUA	NOW: FILING FEE ROFIT ORATION AL REPORT	AFT	ELORIDA DEPA Sandra	S \$225.00  RIMENT OF STATE B Montham ary of State			
1996 3 19 96 10 10 10 10 10 10 10 10 10 10 10 10 10							
AVILES	AUTO SALE CORP.						
nopal Place of Business 13051 NW 32ND COURT BAY 13 OPA LOCKA FL 33054 US		Mading Address 13051 NW 32ND COURT BAY 13 OPA LOCKA FL 33054			3. Date incorporated or Qualified 3a. Date of Last Report		
US			US		02/14/1994		22/1995
Parkipat Place		2a. 26	Mailing Address		4. FEI Number 65-0467458		Applied For Not Applicable
Slite, Apt 17. Ory & State	etc	27	Suite Apt. 4, etc	18 / L	5. Certificate of Status Desired		8.75 Additional Fee Required
er e	Country	28	Zip	Country	Flection Campaign Financing     Trust Fund Contribution     This corporation has liability for		65.00 May Be Added to Fees der s. 199.032.
	25 9. Name and Address of Curre	29		30		s 🔲 No	
Er po Last 6	the energicians of Sections 607,060			84 City		FL  85	Zip Code
Or registered	agent or both, in the State of Ho- and accept the obligations of, Sec	uda Suci	i Charge was <b>a</b> uthonze	es, the above-named corporation's boo	oration submits this statement for the pu and of directors. Thereby accept the app	revoce of changin	g its registered office stered agent. I am
or registered familiar with, NATURE	-agent locipoth, in the State of Hor	nda Sucr Stian 607.	i change was authorize 0505, Florida Statutes	s, the above-named corporated by the corporation's bount for the corporation's bount for the corporation of	ard of directors. I hereby accept the app	revoce of changin	g its registered office stered agent. I am
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14. To brenchy certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further cert'y 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 onth, that I arm an officer or director of this 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 after-timent with an address

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-16

City 11-82

Tagting Printed

(a) The Company of the corporation of