SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $870)

PROFIT CORPORATION ANNUAL REPORT 1995

7-3-95 3-7630 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:28

DOCUMENT # P94000014789 (9)

1. Corporation Name
TONY'S SOUTHWEST IMPORTS, INC.

Principal Place of Business	Mailing Address
3004 KENNESAW ST UNIT 1 FT MYERS FL 33916	3004 KENNESAW ST UNIT 1 FT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:

4. FEI Number: 65-0476717 ☐ 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 9600 N.W. 27 AVE	26 9600 N.W. 27 AVE.
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33147 / 25 Country:	29 Zip: 33147 / 30 Country:

9. Name and Address of Current Registered Agent

LUCIANO, ROBERTO
~~3004 KENNESAW ST UNIT 1~~
~~FT MYERS FL 33916~~
9600 NW 27 AVE
Miami Fla. 33147

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 9600 N.W. 27 AVE
84 City: MIAMI FL 85 Zip Code: 33147

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 registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	LUCIANO, ROBERTO	1.2 NAME	LUCIANO, Roberto
STREET ADDRESS	~~PO BOX 700~~	1.3 STREET ADDRESS	9600 N.W. 27 AVE
CITY-ST-ZIP	~~SANIBEL FL 33957~~	1.4 CITY-ST-ZIP	MIAMI, FL. 33147
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: [signature] 6-18-95 305-693-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0100700 CP