

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

DOCUMENT # **P94000016709 (5)**

1. Corporation Name

EUGENE AUTO SERVICE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**440 ESPANOLA WAY
MIAMI BEACH FL 33139**

Mailing Address

**440 ESPANOLA WAY
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 407 Lincoln Rd.

26 407 Lincoln Rd.

4. FEI Number

65-0470774

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5B

27 Suite 5B

City & State

City & State

23 Miami Beach, Fl

28 Miami Beach, Fl

Zip

Country

Zip

Country

24 33139

25 Dade

29 33139

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRITO, LUIS G
440 ESPANOLA WAY
MIAMI BEACH FL 33139**

81 Name

Brito, Luis G

82 Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Rd Suite 5B

83

84 City

Miami Beach

FL

85 Zip Code

33139

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, EUGENIO
STREET ADDRESS	C/O 440 ESPANOLA WAY
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	Hernandez, Eugenio	
3. STREET ADDRESS	407 Lincoln Rd Suite 5B	
4. CITY, ST, ZIP	Miami Beach, F.L. 33139	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 typed or printed name of signing officer or director)

0501-95

Date

305 534-9792

Signature Printed Name