

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/6/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:36

DOCUMENT # P94000022584 (4)

1. Corporation Name

PILA AUTO SERVICE CORP.

Principal Place of Business

**13071 S.W. 44TH TERRACE
MIAMI FL 33185**

Mailing Address

**13071 S.W. 44TH TERRACE
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quiesced

03/23/1994

3a. Date of Last Report

4. Fed Number

65 648 1931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Does corporation have a franchise?

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt # etc

Suite Apt # etc

22

27

City & State

City & State

23

28

Zip

City

Zip

City

24

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent and Title if Applicable)

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

DP

NAME

PILA, ORLANDO

STREET ADDRESS

13071 S.W. 44TH TERR.

CITY, ST, ZIP

MIAMI FL 33185

12.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

13.1

TITLE

NAME

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CITY, ST, ZIP

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13.6

TITLE

NAME

STREET ADDRESS

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 110.07(1)(a), 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] 6/6/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95 (305) 223 3872

CR2E034 (3/95)