FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
MAY
PD

95 MAY -1 AM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024255 (9)**

1. Corporation Name
MID AUTO SERVICES, INC.

Principal Place of Business	Mailing Address
8901 SW 129TH TERRACE MIAMI FL 33176	8901 SW 129TH TERRACE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1994** | 3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0482354	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City, & State 23	City, & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. *The corporation has liability for intangible tax under § 199.032, Florida Statutes* ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ITURRALDE, LEONEL A 8901 SW 129TH TERRACE MIAMI FL 33176	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 607.0505, 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: (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent without changing Registered Office, Registered Agent must sign here.) DATE

12. OFFICER AND/OR DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE: PD NAME: ITURRALDE, LEONEL A STREET ADDRESS: 8901 SW 129TH TERRACE CITY-ST-ZIP: MIAMI FL 33176	☐ Change ☐ Addition
TITLE: VD NAME: ANDRADE, JOSE F STREET ADDRESS: 8901 SW 129TH TERRACE CITY-ST-ZIP: MIAMI FL 33176	☐ Change ☐ Addition
TITLE: TREASURER VP NAME: 8901 SW 129 TERR. STREET ADDRESS: MIAMI, FL 33176 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is validly furnished [illegible] and that I/we qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We 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 [illegible] owner(s) to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or added) above or on an attachment with an asterisk.

SIGNATURE: [signature] 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR
ITURRALDE, LEONEL PRESIDENT

0192240 CP