

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000024255 (9)

1. Corporation Name

MID AUTO SERVICES, INC.



Principal Place of Business

8901 SW 129TH TERRACE
MIAMI FL 33176

Mailing Address

8901 SW 129TH TERRACE
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ITURRALDE, LEONEL A
8901 SW 129TH TERRACE
MIAMI FL 33176

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0482354

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ITURRALDE, LEONEL A
STREET ADDRESS 8901 SW 129TH TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE ~~VP~~ Secretary ☐ DELETE

NAME ITURRALDE, GRACIELA
STREET ADDRESS 6075 SW 107TH AVE. APT. 219
CITY-ST-ZIP MIAMI FL 33173

TITLE S ☒ DELETE

NAME GRACIELA, GRACIELA
STREET ADDRESS 10513 S.W. 73 TERR.
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☒ Change ☐ Addition

1.2 NAME ITURRALDE, Graciela
1.3 STREET ADDRESS 10513 SW 73 Terr
1.4 CITY-ST-ZIP MIAMI FL 33173

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME CARLOS SANCHEZ
2.3 STREET ADDRESS 12770 SW 103 Terr.
2.4 CITY-ST-ZIP MIAMI, FLA 33184

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)