

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Amended

FILED

96 NOV 14 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000424485 (9)

1. Corporation Name

MID AUTO SERVICES, INC.

Principal Place of Business

8901 S.W. 129 TERR.
MIAMI, FL. 33176

Mailing Address

8901 S.W. 129 TERR.
MIAMI, FL. 33176

3. Date Incorporated or Qualified
3/25/1994

3a. Date of Last Report
3/25/96

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ITURRALDE, LEONEL A.
8901 S.W. 129 TERR.
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 607.1508, 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME SANCHEZ, CARLOS
STREET ADDRESS 12770 S.W. 103rd TERR.
CITY-ST-ZIP MIAMI, FL.

TITLE S ☐ DELETE

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

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P/T/D
ITURRALDE, LEONEL A.
1.3 STREET ADDRESS 8901 S.W. 129 TERR.
1.4 CITY-ST-ZIP MIAMI, FL. 33176

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 400002009234--8
2.3 STREET ADDRESS -11/20/96--01017--001
2.4 CITY-ST-ZIP *****61.25 *****61.25

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONEL ITURRALDE

Date

10/14/96

Daytime Phone #

CR2E034 (3/96)