FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

**FILED
Mar 09 1998 8:00am
Secretary of State**

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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0482354	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	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 reinstating)   DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **VP** ☐ DELETE NAME **SANCHEZ, CARLOS** STREET ADDRESS **12770 SW 103 TERR** CITY-ST-ZIP **MIAMI FL**		1.1 TITLE **ST** 1.2 NAME **SANCHEZ, CARLOS** 1.3 STREET ADDRESS **12770 SW 103 TERR** 1.4 CITY-ST-ZIP **MIAMI FL**	☒ Change ☐ Addition
TITLE **S** ☐ DELETE NAME **ITURRALDE, GRACIELA** STREET ADDRESS **10513 SW 73 TERR** CITY-ST-ZIP **MIAMI FL**		2.1 TITLE **V** 2.2 NAME **ITURRALDE, GRACIELA** 2.3 STREET ADDRESS **10513 SW 73 TERR** 2.4 CITY-ST-ZIP **MIAMI FL**	☒ Change ☐ Addition
TITLE **PTD** ☐ DELETE NAME **ITURRALDE, LEONEL A** STREET ADDRESS **8901 S.W. 129 TERR.** CITY-ST-ZIP **MIAMI FL 33176**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** ☐ DELETE NAME **FIGUEROA, WILLIAM** STREET ADDRESS **560 E. 42ND ST.** CITY-ST-ZIP **HIALEAH FL 33013**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** ☐ DELETE NAME **RODRIGUEZ, CARLOS** STREET ADDRESS **5200 SW 69TH AVE.** CITY-ST-ZIP **MIAMI FL 33155**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   PTD   1/20/48