

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000038001 (1)**

1. Corporation Name  
**ADRIAN AUTO SERVICE, INC.**



Principal Place of Business

**40 SW 57TH AVENUE  
MIAMI FL**

Mailing Address

**40 SW 57TH AVENUE  
MIAMI FL**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified  
**05/12/1994**

3a. Date of Last Report  
**02/21/1995**

4. FEI Number  
**65-0524966**

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

9. Name and Address of Current Registered Agent

**NUNEZ, RUBEN SR.  
40 SW 57TH AVENUE  
MIAMI FL**

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 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

(Print Name of Signer and Title of Signer)

(Print Name of Agent and Signature of Agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>NUNEZ, RUBEN SR.</b>	
12.3 STREET ADDRESS	<b>40 SW 57TH AVENUE</b>	
12.4 CITY, ST, ZIP	<b>MIAMI FL</b>	
12.5 TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>NUNEZ, ADRIAN O</b>	
12.7 STREET ADDRESS	<b>40 SW 57TH AVENUE</b>	
12.8 CITY, ST, ZIP	<b>MIAMI FL</b>	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	<b>NUNEZ, RUBEN SR</b>	
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or original agreement with an address.

SIGNATURE: *Ruben Nunez*

Ruben Nunez, Pres.

2/16/96

(305)261-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)