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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

4709 SW 75TH AVE MIAMI FL 33155

Mailing Address 4709 SW 75TH AVE

MIAMI FL 33155-4436

BIGIO AUTO SALES, INC.

1997 DOCUMENT # P94000040758 (2)

FILED Feb 10 1997 8:00am Secretary of State



US	-		US			
					3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report 04/09/1996
2. Principal Pl 21 23 2	ace of Busi	21st Terr	28. Mailing Address 26 232/ NW 2	IST Ton	4, FEI Number 65-0494485	Applied For
Suite Apt. 4		AI ICKR	26 232/ NW 2 Suite, Apt. #, etc.	y reak	00 0484400	Not Applicab
22 Suite Apr. 1	#, etc		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		FL	City & State 28	_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33/4	42	Country	Zip 33/42 3	Country OCA	8. This corporation has liability for i	
24	9. Name	and Address of Curr	ent Registered Agent	1 200	10. Name and Address of New Re	
LOP	EZ, LUIS			81 Name		,
	O SW 98T	H ST				
	AI FL 3318			82 Stree	t Address (P.O. Box Number is Not Acceptab	ie)
		•		83		
ı						
				84 City		FL 85 Zip Code
11. Pursuant t	o the provis	ions of Sections 607.0	502 and 607 1508, Florida Statutes	, the above-name	d corporation submits this statement for the p	urpose of changing its registere
office or re	egistered ag m familiar w	ient, or both, in the Sta ith, and accept the obl	ite of Florida. Such change was au ligations of, Section 607,0505, Flori	thorized by the co da Statutes	rporation's board of directors. I hereby accep	t the appointment as registered
	11 102111111121 11	in, and decope the of-	199113/12 01: 000/1011 001:0000; 1 1011	da Olajolog.		
SIGNATURE	Signature, typed	For printed name of registered	agent and title if applicable (NOTE:	Registered Agent signatu	re required when reinstating)	DATE
12.		OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PSTD		DELETE	1.1 TITL€		Change Addition
NAME	LOPEZ, I	.uis		1.2 NAME		
STREET ADDRESS	13600 S.	W. 98 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	. 33186		1.4 CiTY+ST-ZiP		
TITLE			DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS	·	
CITY-ST-ZiP				2. 4 City - St - ZiP		
TITLE		·/	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS	·	
CITY-ST-ZIP				3.4. CITY - ST - ZIP		
1 TLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		<u> </u>
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE			☐ DELETE	6.1 TITLE	-	Change Addition
NAME				6.2 NAME		<u> </u>
STREET ADDRESS				6.3 STREET ADDRESS		
CITY - ST - ZIP				6.4 CITY - ST - ZIP		
14. I do hereb				for the exemption	stated in Section 119.07(3)(i), Florida Statutes	
I am an of	hoer or dire	ctor of the corporation	r supplemental annual report is tru or the receiver or trustee empower or on an attachment are an addr	ed to execute this	nd that my signature shall have the same lega report as required by Chapter 607, Florida S	effect as if made under oath; the latutes; and that my name