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

May 06, 1999 8:00 am **PROFIT** Secretary of State FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT 05-06-1999 90017 024 ***150.00 Secretary of State 1999 DIVISION OF CORPORATIONS **DOCUMENT # P94000040758** 1. Corporation Name Bigio Auto Sales, Inc. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 2321 N.W. 21st Terr. 2321 N.W. 21st Terr. 3. Date Incorporated or Qualified Miami, FL 33142
2. Principal Place of Business Miami, 05/31/94 ${
m FL}$ 33142 2a. Mailing Address 4. FEI Number Applied For 65-0494485 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required ---City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes the current year Intangible Personal Zip Country Zip Country 29 30 Property Tax. Yes XNo 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 13932 S.W. 153rd Terr. Lopez, Luis 83 13600 S.W. 98th St. City Miami Miami, FL 33186 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 (NOTE: Registered Agent signature required when reinstating) DATE
3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. D/P/S/T X Change Addition DELETE 1.1 TITLE TITLE Lopez, Luis 13600 S.W. 98th St. NAME 12 NAME 13932 S.W. 153rd Terr. STREET ADDRESS 1.3 STREET ADDRESS Miami, FL 33186 Miami, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DBLETE Change TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS any si zip 24 CITY-ST-ZIP DBLETE 31 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ' DBLETE 41 MM F 42 NAME NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DBLETE Change Addition TILE 51 TILE 5.2 NAME NWE 5.3 STREET ADDRESS

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 10 if changed or off an attachment with an address, with all other like empowered.

DBLETE

54 OTY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE 62 NAME

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Luis Lopez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-21-99

(305) 634-2236

Change

Addition

FILED

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS