FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000041422

1. Corporation Name
J.N. AUTO SALES, CORPORATION

Principal Place of Business
4265 E 8th AVE
HIALEAH, FL 33013

Mailing Address
633 E Okeechobee Rd
HIALEAH FL 33010

3. Date Incorporated or Qualified: 6/2/94	3a. Date of Last Report: N/A
4. FEI Number: 65-0495234	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
21 4265 E 8th AVE	26 633 E Okeechobee Rd
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 HIALEAH FL	City & State 28 HIALEAH FL
Zip 24 33013 Country 25 DADE	Zip 29 33010 Country 30 DADE

9. Name and Address of Current Registered Agent
JORGE LUIS NUNEZ
590 E 55st
HIALEAH, FL 33013

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	JORGE L. NUNEZ	
STREET ADDRESS	590 E 55 ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	Secretary-Treasurer	☐ DELETE
NAME	INGRID NUNEZ	
STREET ADDRESS	590 E 55st	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	600001771266	☐ Change ☐ Addition
5.2 NAME	-04/05/96--01092--001	
5.3 STREET ADDRESS	***208.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SO 4-5-96

SIGNATURE: X Ingrid Nunez Secretary/Treasurer 03-13-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #
(305) 883-4911