

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

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95 APR 17 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morriam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000047834 (4)**
 1. Corporation Name
VAL'S AUTO SALES INC.

Principal Place of Business: **313 NORTH STATE ROAD 7 HOLLYWOOD FL 33021-6306**
 Mailing Address: **313 NORTH STATE ROAD 7 HOLLYWOOD FL 33021-6306**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

3. Date Incorporated or Qualified: **06/27/1994**
 3a. Date of Last Report
 4. FEI Number 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
RODRIGUEZ, ELROY
36-60 N.W. 110TH AVE.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
 81 Name: **Rodriguez Eloy**
 82 Street Address (P.O. Box Number is Not Acceptable): **36-60 NW 110th Ave**
 83 City: **Coral Spring**
 84 City: **Coral Spring**
 85 Zip Code: **FL 33065**

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 on Section 607.0505, Florida Statutes.

SIGNATURE: *Eloy Rodriguez* DATE: 4/9/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	President
13 STREET ADDRESS	Dolores Rodriguez
14 CITY - ST - ZIP	36th NW 110th Ave Coral Spring 33065
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	V.P.
23 STREET ADDRESS	Eloy Rodriguez
24 CITY - ST - ZIP	36th NW 110th Ave Coral Spring FL 33065
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: *Dolores Rodriguez* DATE: 4/9/95
Signature and typed or printed name of filing officer or director