

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054552 (2)

1. Corporation Name

OPA LOCKA TRANSMISSION DEPOT CORPORATION

Principal Place of Business

**3305 NW 135 ST
OPA LOCKA FL 33054**

Mailing Address

**3305 NW 135 ST
OPA LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

2a. Mailing Address

26 State, Apt. #, etc.

4. FEI Number

65-0506575

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Country

29

Country

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GONZALEZ, NELSON
3305 NW 135 ST
OPA LOCKA FL 33054**

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

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Agent or Agent's Representative)

12. OFFICERS AND DIRECTORS

12.1

**D
NAME
GONZALEZ, NELSON
STREET ADDRESS
3305 NW 135 ST
CITY, ST, ZIP
OPA LOCKA FL 33054**

12.2

**D
NAME
GONZALEZ, NORA
STREET ADDRESS
3305 NW 135 ST
CITY, ST, ZIP
OPA LOCKA FL 33054**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

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☐ Change ☐ Addition

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14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(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 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-95

305-685-2695