SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: $139 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000060423 (8)

1. Corporation Name
AUTO SALON 2,000 INC.

Principal Place of Business
4400 N.W 19 AVE. #E
~~4400 SOUTH WEST 7TH AVENUE~~
POMPANO BEACH FL ~~33062~~ 33064

Mailing Address
4400 N.W. 19th AVE #E
~~4400 SOUTH WEST 7TH AVENUE~~
POMPANO BEACH FL ~~33062~~ 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 4400 N.W 19th AVE
22 Suite, Apt. #, etc.: #E
23 City & State: POMPANO BEACH FL
24 Zip: 33064
25 County: BROWARD

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 County:

4. FEI Number: 65-0539800 ☐ 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

STRAZZERI, ROBERTO
6221 EAST 6TH AVENUE
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTO STRAZZERI	1.2 NAME	
STREET ADDRESS	6221 E. 6TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	MARIO LAM	2.2 NAME	
STREET ADDRESS	403 FREEDOM COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33073	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is truthfully furnished and 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/15/95 (305) 975-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026007 CP