

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

**APPROVED  
AND  
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**95 APR -7 AM 4:46**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000065353 (2)**

1. Corporation Name

**AUTOMOTORES ZONA FRANCA, CORP.**

Principal Place of Business

**190 NW 42ND AVE  
MIAMI FL 33126**

Mailing Address

**190 NW 42ND AVE  
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/06/1994**

3a. Date of Last Report

2. Principal Place of Business

21. State, Apt # etc

2a. Mailing Address

26. State, Apt # etc

4. FE Number

**65-0519480**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22. City & State

23. Zip

27. City & State

28. Zip

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUNEZ, ALEJANDRO ESO  
6361 SUNSET DR  
SOUTH MIAMI FL 33143**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.06(3) and 607.15(4), Florida Statutes, this 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPST
2. NAME	DEL MARMOL, ADOLFO S
3. STREET ADDRESS	4104 VENTURA AVE
4. CITY & STATE	COCONUT GROVE FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information given with this filing is correctly furnished and is true and correct to the best of my knowledge and belief. I further certify that the information submitted on this annual report or semi-annual report is true and correct 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 registered agent of the corporation for use in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 12 of this report or in Block 1 of Block 13 of this report.

**SIGNATURE:**

**ADOLFO DEL MARMOL**

**3/23/95**

**460-9950**

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR