SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (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 10 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000065533 (9)**

1. Corporation Name

FLORIDA STATE, CERTIFIED AUTO RE-INSPECTION CENTER, INC.

Principal Place of Business	Mailing Address
15437 SW 68TH LANE MIAMI FL 33193	15437 SW 68TH LANE MIAMI FL 33193

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:

2. Principal Place of Business 21 3141 NW 40 ST.	2a. Mailing Address 26 15437 SW 68 LN	4. FEI Number 65-0386014	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33142 / 25 U.S.A	Zip / Country 29 33193 / 30 U.S.A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ALFONSO, ANA M
15437 SW 68TH LANE
MIAMI FL 33193

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: Ana M. Alfonso — Ana M. Alfonso Vice-President — 8-4-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	ALFONSO, ARMANDO J	12 NAME		
STREET ADDRESS	C/O 15437 SW 68TH LANE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	ALFONSO, ANA M	22 NAME		
STREET ADDRESS	C/O 15437 SW 68TH LANE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Ana M. Alfonso — ANA M. ALFONSO Vice-President — (305) 634-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000045 CP