

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # P94000065533 (9)

1. Corporation Name

FLORIDA STATE, CERTIFIED AUTO RE-INSPECTION CENT
ER, INC.

Principal Place of Business

3141 NW 40 STREET
MIAMI FL 33142
US

Mailing Address

15437 SW 68 LANE
MIAMI FL 33193
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0386014

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

10. Name and Address of New Registered Agent

81 Name

ALFONSO, Armando J.

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

15437 SW 68 LANE

83

84 City

MIAMI

FL

85 Zip Code

33193

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]

(NOTE: Registered Agent signature required when reinstating)

✓ 1-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PTD
ALFONSO, ARMANDO J
C/O 15437 SW 68TH LANE
MIAMI FL 33193

TITLE ☒ DELETE

NAME
VSD
ALFONSO, ANA M
C/O 15437 SW 68TH LANE
MIAMI FL 33193

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
VSD
ALFONSO, Dulce
15437 SW 68 LANE
MIAMI, FL. 33193

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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)(k), 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:

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

✓ 1-22-96 (305) 634-9415

Date

Daytime Phone #

CR2E034 (12/95)