FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000065533

1. Corporation Name
Florida State Certified Auto Re-Inspection Center, Inc.

Principal Place of Business	Mailing Address
3141 NW 40 ST. Miami, Fl. 33142	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-7-94

2. Principal Place of Business	2a. Mailing Address
21	26 15437 SW 68 LN.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami, Fl. 33193
Zip 24 33193 Country 25 U.S.A	Zip 29 33193 Country 30

4. FEI Number: 65-0654883 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANA M. ALFONSO 15437 SW 68 LN. Miami, Fl. 33193	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 (Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE: 4-29-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☒ DELETE	11 TITLE	President, VP	☒ Change ☐ Addition
NAME	ARMANDO ALFONSO		12 NAME	Dulce Alfonso	
STREET ADDRESS	15437 SW 68 LN.		13 STREET ADDRESS	15437 SW 68 LN.	
CITY-ST-ZIP	Miami, Fl. 33193		14 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	Secretary	☒ DELETE	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	Dulce Alfonso		22 NAME	ANA M. ALFONSO	
STREET ADDRESS	15437 SW 68 LN.		23 STREET ADDRESS	15437 SW 68 LN.	
CITY-ST-ZIP	Miami, Fl. 33193		24 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

200002518652
-05/11/98--01055--030
***150.00

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 added by this filing.

SIGNATURE: Ana M. Alfonso 4-29-98 (305) 634-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #