

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072457 (2)

1. Corporation Name

CAR KINGDOM OF FLORIDA, CORP.

FILED
Apr 11 1997 8:00am
Secretary of State

Principal Place of Business

1406-B S ST RD 7 ROAD
HOLLYWOOD FL 33023
US

Mailing Address

1406-B S ST RD 7 ROAD
HOLLYWOOD FL 33023-6715
US

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

07/17/1996

2. Principal Place of Business

21 1406-B S. STATE RD. 7

Suite, Apt. #, etc.

22

City & State

23 HOLLY WOOD FL.

Zip

24 33023

Country

25 US

2a. Mailing Address

26 1406-B S. STATE RD. 7

Suite, Apt. #, etc.

27

City & State

28 HOLLY WOOD FL

Zip

29 33023

Country

30 US

4. FEI Number

65-0525917

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARVALHO, MANUEL A
1406-B S ST RD 7
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name

CARVALHO, MANUEL A

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

1406-B S STATE RD. 7

83

84 City

HOLLY WOOD

FL

85 Zip Code

33023

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. Agent to provide name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CARVALHO, MANUEL A
STREET ADDRESS 1215 FAIRLAKE TRACE #1009
CITY-ST-ZIP FT LAUDERDALE FL 33328 ☐ DELETETITLE DV
NAME CASELLA, CONSTANTINO
STREET ADDRESS 13953 KENDALL LAKE CIR #807
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME CARVALHO, MANUEL A. ☒ Change ☐ Addition
1.3 STREET ADDRESS 824 SAVANNAH FALLS DR.
1.4 CITY-ST-ZIP WESTON FL 333272.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL A CARVALHO

04/06/97 954-987-9797

Date

Daytime Phone #

CR2E034 (9/96)