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FILED  
May 15 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 # P94000077149 (0)

1. Corporation Name

TORAL AUTO CARE, INC.



Principal Place of Business

5821 S.W. 70TH ST.  
MIAMI FL 33143

Mailing Address

5821 S.W. 70TH ST.  
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number

65-0529249

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TORAL, JUAN  
51ST S.W. 59TH AVENUE  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

TORAL, JUAN

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

15530 SW 305 Street

83

84 City

Leisure City

FL

85 Zip Code

33130

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

*Juan H. Toral*  
Signature of registered agent or authorized officer (if applicable)

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

APRIL 27/1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PD  
STREET ADDRESS TORAL, JUAN  
CITY-ST-ZIP 51ST S.W. 59TH AVE.  
MIAMI FL 33144

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/D  
1.3 STREET ADDRESS TORAL, JUAN  
1.4 CITY-ST-ZIP 15530 SW 305 STREET  
LEISURE CITY, FL 33130

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

*Juan H. Toral*

4-27-98

CP2E034 (10/97)