

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 17 1996 8:00 am
Secretary of State

DOCUMENT # P94000079992(1)

1. Corporation Name
JOCELYN'S AUTO SALES, INC.

Principal Place of Business: **2201 SW 58TH TERRACE, HOLLYWOOD, FLORIDA 33023**
Mailing Address: **(S A M E)**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified 11/01/1994	3a. Date of Last Report 65-0536758
4. FEI Number 65-0536758	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.02, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Jocelyn A. Hernandez
6409 SW 21 ST.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(1)(B), Florida Statutes, the above named corporation certifies its 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. Thereby, accept the amount and date of state tax agent's liability with and accept the filing fees of Section 607.06(1)(B), Florida Statutes.

SIGNATURE: *Jocelyn A Hernandez* **Jocelyn A Hernandez** **JULY 12, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D/P	TITLE	D/P/S
NAME	JULIO HERNANDEZ	NAME	JOCELYN A. HERNANDEZ
STREET ADDRESS	6847 SW 13th STREET	STREET ADDRESS	6409 SW 21ST STREET
CITY, STATE	MIAMI, FLORIDA 33144	CITY, STATE	MIRAMAR, FLORIDA 33023
TITLE	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	TITLE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	
TITLE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	TITLE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	
TITLE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	TITLE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	

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7/17/96

14. I, the undersigned, hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation named herein.

SIGNATURE: *Julio Hernandez* **Julio Hernandez** **JULY 12, 1996**

CR2E034 (3/96)