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

DOCUMENT # P94000081640

1. Corporation Name

Payless Motors Inc

Principal Place of Business	Mailing Address
924 W Okeechobee Rd Hialeah fl 33010	

3. Date Incorporated or Qualified: 11-4-94 filed
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 924 W. Okee. Rd Hialeah	26 Same.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Hialeah fla	28 City & State: Same.
24 Zip: 33010 25 Country: Dade	29 Zip: 33010 30 Country: Dade

4. FEI Number: 65-05 32585 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Hector Bardino
	82 Address (P.O. Box Number is Not Acceptable): 924W Okeechobee Rd
	83
	84 City: Hialeah FL 85 Zip Code: 33010

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: Hector Bardino 4-16 96.
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hector Bardino 924 W okeechobee Rd Hialeah fla ☐ DELETE	1.1 TITLE VP / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Hector Bardino 924 W Okeechobee Rd Hialeah fla 33010 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Raymond Bardino 924 W Okeechobee Rd Hialeah fla 33010 ☐ DELETE	2.1 TITLE Pres / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Emma Duthil 924 W Okeechobee Rd Hialeah fl 33010 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700001792027 -04/24/96--01016--004 ***200.00 ☐ Change ☐ Addition JE 4.23

CR2E034 (12/95)

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: Hector Bardino 4-16-95 305-888-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #