

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000081795 1. Corporation Name

ANOTHER DRIVING SCHOOL, INC.

Principal Place of Business

Mailing Address

800 71ST ST

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



800 71ST ST MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/07/1994 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Bonita Dr 7098 Collins Ave 26 65-0548532 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZULUAGA, ANDRES 82 Street Address (P.O. Box Number is Not Acceptable) 800 71ST ST MIAMI BEACH FL 33141 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ₫2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TIDE 11TITLE NAME ZULUAGA, ANDRES zwaaga, Andres 17100 collins pre, # 118-4 800 71ST ST STREET ADDRESS 1.3 STREET ADDRESS Sunny Islen Beach , R 33160 MIAMI BEACH FL 33141 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE Zuluaga, Party ZULUAGA, PATTY NAME 22 NAME # 118 -- 14-17100 "collins 800 71ST ST STREET ADDRESS 23 STREET ADDRESS Sunny 15 les Beach, \$ -3160 MIAMI BEACH FL 33141 QITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIF 7000028007567-6466 -03/10/33--01059--016 DELETE TITLE 4 1 TITLE NAME 4. 2 NAME ****158.55 ****158.55 **STREET ADDRESS** 4.3 STREET ADDRESS CITY- T-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ClChange [] Addition HAME IL 52 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE TITLE ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information fundicated 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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