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

Mailing Address

1 S.W. 9TH AVENUE MIAMI FL 33130-1113

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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1 S.W. 9TH AVENUE

MIAMI FL 33130

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NAME

TITLE

NAME STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000025848 (9)

J. & D. AUTO SALES, CORP.

3. Date Incorporated or Qualified 3a. Date of Last Report 03/31/1995 04/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0584666 26 Not Applicable 21 Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28  $Z_{1D}$ Country Ζip Country This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DOMINGUEZ, ANA 12727 S.W. 60TH LANE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33183** 83 City Zip Code 85 11. Fursiant 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or purified name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TABLE 🔲 DELETE 1.1 TITLE Change Addition CAMPS, JOSEFINA 1.2 NAME NAME 7600 S.W. 18TH STREET STREET ADDRESS 1.3 STREET ADORESS MIAMI FL 33155 CHIY-ST ZIP 1.4 CITY-ST-ZIP

> 2.1 TITLE 2.2 NAME

> 3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

52 NAME

61 TITLE

6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS
4.4 City-St-Zip

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

2.4 CITY-ST-ZIP

64 CITY-ST-2IP

14. If 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 angular graph of or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the dorsofation or the obeiver or trustee employment to execute this report as required by Chapter 60', Florida Statutes; and that my name appears in Block 12 or Block 13 in thy nged, or or an attachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

Daytime Phono #

FILED

May 07 1997 8:00am

Secretary of State

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Addition

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