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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # P95000061992 (0)

UNLIMITED INTERIOR CAR CARE INC.

Principal Place of Business Mailing Address 257 NAVARRE DRIVE 257 NAVARRE DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1995 2. Principal Place of Business 2s. Mailing Address Applied For 21 26 65-0603334 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name TRUJILLO. EDDIE 257 NAVARRE DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, 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 regulered agent and title # applicable (NOTE: Flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition PDST 11 Till F TITLE TRUJILLO, EDDIE 1.2 NAME NAME **257 NAVARRE DRIVE** STREET ADDRESS 1.3 STREET AODRESS MIAMI SPRINGS FL 33166 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TOTALE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THILE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP TITLE DELETE 4.1 TOTLE ___ Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE

CITY-ST-ZIP 14. Thereby 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 cliroctor 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

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

1/7/98

Change

Addition

FILED

Feb 27 1998 8:00am

Secretary of State