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 # **P95000064881 (2)**

1. Corporation Name
BRASCUBA AUTO SALE'S INC.

Principal Place of Business
265 WEST 24 STREET
HIALEAH FL 33012

Mailing Address
265 WEST 24 STREET
HIALEAH FL 33012

3. Date Incorporated or Qualified: 08/22/1995
3a. Date of Last Report:

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

4. FEI Number: 65-0603041 — 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
~~ALVAREZ, OLGA~~ MOISES LINARES
~~126 EAST 12 STREET~~
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81 Name: MOISES LINARES
82 Street Address (P.O. Box Number is Not Acceptable): 265 West 24th Street
83
84 City: HIALEAH FL 85 Zip Code: 33012

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: ✓ 06-24-96
Signature (typed or printed) name of registered agent and the capacity (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LEBRON, ANGEL	
STREET ADDRESS	355 WEST 10 STREET, APT. #4	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	~~V~~	☒ DELETE
NAME	~~ALVAREZ, OLGA~~	
STREET ADDRESS	~~126 EAST 12 STREET~~	
CITY-ST-ZIP	~~HIALEAH FL 33010~~	
TITLE	V	☐ DELETE
NAME	CARMO, RONOBERTO	
STREET ADDRESS	~~8290 N.W. LAKESDRIVE, APT.#314~~	
CITY-ST-ZIP	~~MIAMI FL 33166~~	
TITLE	P	☐ DELETE
NAME	MOISES LINARES	
STREET ADDRESS	3885 WEST 9 WAY	
CITY-ST-ZIP	HIALEAH, FLA. 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME	LEBRON, ANGEL	
1.3 STREET ADDRESS	355 WEST 10 ST. APT #4	
1.4 CITY-ST-ZIP		
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	ALVAREZ OLGA I.	
2.3 STREET ADDRESS	4365 W 12 LN #C.	
2.4 CITY-ST-ZIP	HIALEAH, FLA. 33012	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	CARMO, RONOBERTO	
3.3 STREET ADDRESS	1953 NW 103 ST Rd	
3.4 CITY-ST-ZIP	MIAMI FLA 33147	
4.1 TITLE	P	☐ Change ☒ Addition
4.2 NAME	MOISES LINARES	
4.3 STREET ADDRESS	3885 WEST 9 WAY	
4.4 CITY-ST-ZIP	HIALEAH, FLA 33012	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

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: ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓06-24-96
Date

Daytime Phone #

7/10/96