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FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064881

1. Corporation Name
Brascuba Auto Sales, Inc.

Principal Place of Business
265 West 24 St.
Hialeah, FL 33012

Mailing Address

3. Date Incorporated or Qualified: 8/20/95
3a. Date of Last Report:

2. Principal Place of Business
21 9363 NW 27 Ave
Suite, Apt. #, etc. 22 —

2a. Mailing Address 26
Suite, Apt. #, etc. 27

4. FEI Number: 65-0603041 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State 23 MIAMI Fla.
City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip 24 33147 Country 25 USA.
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Moises R. Linares
265 W 24 St.
Hialeah, FL 33012.

10. Name and Address of New Registered Agent
81 Name: Moises R. Linares.
82 Street Address (P.O. Box Number is Not Acceptable): 9363 NW 27 Ave.
83
84 City: MIAMI FL 85 Zip Code: 33147.

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] 5-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD.	☐ DELETE
NAME	Linares Moises R	
STREET ADDRESS	3885 W 9 Way	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE	VPD	☐ DELETE
NAME	Lebron Angel.	
STREET ADDRESS	355 W 10 St #4.	
CITY-ST-ZIP	Hialeah, FL 33012.	
TITLE	SD	☐ DELETE
NAME	Alvarez, Olga I.	
STREET ADDRESS	4265 W. 12 Ln #C.	
CITY-ST-ZIP	Hialeah, FL 33012.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD.	☐ Change ☐ Addition
1.2 NAME	LINARES MOISES R.	
1.3 STREET ADDRESS	3885 W 9 WAY	
1.4 CITY-ST-ZIP	Hialeah. Fl. 33012	
2.1 TITLE	VPD.	☐ Change ☐ Addition
2.2 NAME	LEBRON ANGEL	
2.3 STREET ADDRESS	4237 W 10 LN.	
2.4 CITY-ST-ZIP	Hialeah Fl. 33012	
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME	ALVAREZ OLGA I.	
3.3 STREET ADDRESS	465 E 48 ST.	
3.4 CITY-ST-ZIP	Hialeah. Fl. 33013	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	600002207296	
5.3 STREET ADDRESS	-06/10/97--01038--025	
5.4 CITY-ST-ZIP	***165.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	CS 6/2/97	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I 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 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] 5-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR