

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 # P95000069231 (5)

1. Corporation Name

AMIGOS AUTO BROKERS INC.



Principal Place of Business

1452 OSCEOLA PARKWAY
SUITE J
KISSIMMEE FL 34744

Mailing Address

1452 OSCEOLA PARKWAY
SUITE J
KISSIMMEE FL 34744

2. Principal Place of Business

2a. Mailing Address

21 2695 N. ORANGE BLVD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

KISSIMMEE FL

29 City & State

24 Zip

25 Country

29 Zip

30 Country

34744

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

4. FEI Number

59-3331515

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

10. Name and Address of New Registered Agent

LAPIDO, OSVALDO
1452 OSCEOLA PARKWAY
SUITE J
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1809 PARADISE DRIVE

84 City KISSIMMEE

FL

85 Zip Code 34741

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 if not on record)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LAPIDO, OSVALDO
STREET ADDRESS 1452 OSCEOLA PARKWAY
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE VP
NAME QUIROGA, ROBERTO
STREET ADDRESS 1452 OSCEOLA PARKWAY
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1809 PARADISE DRIVE
1.4 CITY-ST-ZIP KISSIMMEE FL 34741

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 7531 STATE COUNTY RD. 561
2.4 CITY-ST-ZIP CLEMMONT FL 34711

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

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

3/20/96 (407) 870-2525

Date

Daytime Phone #

CR2E034 (12/95)