# FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

**PROFIT CORPORATION ANNUAL REPORT 1996**

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

**DOCUMENT #   P95000069280 (2)**

1. Corporation Name

**AUTOMAR INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 201 ALHAMBRA CIRCLE<br>SUITE 502X 711<br>CORAL GABLES FL 33134 | 201 ALHAMBRA CIRCLE<br>SUITE 502X 711<br>CORAL GABLES FL 33134 |

| 3. Date Incorporated or Qualified **09/08/1995** | 3a. Date of Last Report **FIRST FILING** |
|---|---|

| 4. FEI Number **65-0616886** | ☐ Applied For ☐ Not Applicable |

| 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 |

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**

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 502X 711
CORAL GABLES FL 33134

**10. Name and Address of New Registered Agent**

| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City     **FL**   85 Zip Code |

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 when reinstating)    DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **PD** ☒ DELETE<br>NAME **HREPICH, JOSE M**<br>STREET ADDRESS **201 ALHAMBRA CIRCLE SUITE 502**<br>CITY-ST-ZIP **CORAL GABLES FL 33134** | | 1.1 TITLE **PD**<br>1.2 NAME **PAZ VERONICA ROACH**<br>1.3 STREET ADDRESS **201 Alhambra Circle, Suite 711**<br>1.4 CITY-ST-ZIP **Coral Gables, Florida 33134** | ☒ Change ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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, changed, or on an attachment with an address.

**SIGNATURE:** *Veronica Paz*   *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAZ VERONICA ROACH    Date    Daytime Phone #