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

## FILED Apr 28 1998 8:00am Secretary of State PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT

,	1998	<i>-7</i>	N OF CORPORATIONS	Secretary of State	<b>.</b>
DOCUMENT # P95000071420 (0) DINO'S AUTOMOTIVE, INC.					
<u>.</u>					
Principal Place of Business Mailing Address			Pt 405		
18631 S.W. 105TH PLACE   18631 S.W. 105T6   PERRINE FL 33157   PERRINE FL 3315					
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				09/14/1995	
2- Principal Place of Business		2a. Mailing Addres	s	4. FEI Number Applied F	
21 Suite, Apt.	#. etc.	26 Suite, Apt. #, e	IC.	65-0614971 Not Applie \$8.75 Addition	
22	-,	27		5. Certificate of Status Desired Fee Required	lai
City & State	8	City & State		6. Election Campaign Financing \$5.00 May B	
<b>23</b> Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees	
24]	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	,
<u> </u>	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
	AAS, JOHN P		81 Name		
44 N.E. 16TH STREET			82 Street A	Address (P.O. Box Number is Not Acceptable)	
HOMESTEAD FL 33030			63		
	•				
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida	Statutes, the above-named	corporation submits this statement for the purpose of changing its regist	ered
agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such Change Hons of, Section 607.05	os, Florida Statutes.	oration's board of directors. I hereby accept the appointment as register	rea
SIGNATURE					
12.	Signature, typed or printed name of registered ager OFFICERS AND		(NOTE: Registered Agent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	☐ DELE	TE 1.1 TITLE	Change Ac	dition
NAME	SAENZ, MARLON		1.2 NAME		- (
STREET ADDRESS	11311 N.W. SEVENTH ST. AP	T. 1	1.3 STREET ADDRESS		ļ
CITY - ST - ZIP	MIAMI FL 33172		1.4 CITY - ST - ZIP		4.00
TITLE		☐ DELE		Change Ac	XIIIION
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		1
CITY-ST-ZIP			2.4 CITY-ST-ZIP		}
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CITY-ST-ZIP		Dece	3.4. CITY - ST - ZIP	Clares C 4	4dillon
TITLE NAME		☐ DELE	1E 4.1 TITLE 4.2 NAME	☐ Change ☐ Ad	KUILION
STREET ADDRESS			4.3 STREET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY - ST - ZIP		]
TITLE		☐ DELE		☐ Change ☐ Ad	dition
NAME			5.2 NAME		j
STREET ADDRESS			5 3 STREET ADDRESS		ľ
CITY-ST-ZIP		☐ DELE	5.4 CITY - ST - ZIP	☐ Change ☐ Ad	Idition
TITLE		LJ VELE	1E 6.1 TITLE 6.2 NAME	☐ Chailge ☐ Ad	AIIIOI)
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY- ST-ZIP		Ì
	adify that the Information avanding wil	the Allie Cities of the second		In Continue 140 07/2Vi). Elevide Statutes, I further partity that the informa-	

receipt certify that the information supplied with this filling 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 changing or on an arrestment with an address.

SIGNATURE:

MARCON BAGNZ - OWABR-

(305)221-0067