

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073895 (1)

1. Corporation Name

AGUIAR AUTO SALES, INC.



Principal Place of Business

Mailing Address

~~1001 NW 101 AVE (PALM AVE) STE 200~~
~~PEMBROKE PINES FL 33026~~

~~1001 NW 101 AVE (PALM AVE) STE 200~~
~~PEMBROKE PINES FL 33026~~

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3590 NW 36th St

26 3590 NW 36th St

4. FEI Number
59-1849700

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City State
MIAMI FLORIDA

27 City State
MIAMI FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country
33142 USA

28 Zip Country
33142 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33142

25 USA

29 33142

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SPAIN, RICHARD A.~~
~~1001 NW 101 AVE (PALM AVE) STE 200~~
~~PEMBROKE PINES FL 33026~~

81 Name
AGUIAR ORLANDO L

82 Street Address (P.O. Box Number is Not Acceptable)
3590 NW 36th St.

83

84 City
MIAMI

FL 85 Zip Code
33142

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, of 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 *Orlando Aguiar*

ORLANDO AGUIAR

04/24/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
~~SPAIN, RICHARD A.~~
~~1001 NW 101 AVE (PALM AVE) STE 200~~
~~PEMBROKE PINES FL 33026~~

TITLE
NAME
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
DPST
AGUIAR, ORLANDO L.
3590 N.W. 36TH ST.
MIAMI, FLORIDA 33142

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP
☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP
☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP
☐ Change ☐ Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP
☐ Change ☐ Addition

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

Orlando Aguiar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone If

954-638-8588

CR2E034 (12/95)