

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 # P95000075058 (4)

1. Corporation Name

SUNLAND AUTO EXPORT, INC.



Principal Place of Business

Mailing Address

~~3510 S.W. 139TH COURT~~
~~MIAMI FL 33175~~

3510 S.W. 139TH COURT
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 4825 SW 75 AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~AA-1-1~~

27

City & State

City & State

23 MIAMI FLA

28

Zip

Country

Zip

Country

24 33155

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTERIAN, LUIS
3510 S.W. 139THCOURT
MIAMI FL 33175

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, if applicable

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME INTERIAN, LUIS
STREET ADDRESS 3510 S.W. 139TH CT.
CITY-ST-ZIP MIAMI FL 33175

1.2 NAME Hilda Interian
1.3 STREET ADDRESS 3510 SW 139 CT.
1.4 CITY-ST-ZIP MIAMI FLA 33175

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME Michael Interian
2.3 STREET ADDRESS 3510 SW 139 CT.
2.4 CITY-ST-ZIP MIAMI FLA 33175

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(x), 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

4/22/96 305-267-6708
Daytime Phone

CR2E034 (12/95)