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

471

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000076304 (1)**

1. Corporation Name

LIZ AUTO SALES, INC.

Principal Place of Business	Mailing Address
1250 NW 36 STREET MIAMI FL 33142	1250 NW 36 STREET MIAMI FL 33142

2. Principal Place of Business
21 1250 N.W 36 ST
22 Suite, Apt. #, etc.
23 City & State: MIA FL
24 Zip: 33142 25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State:
29 Zip: 30 Country:

3. Date Incorporated or Qualified: 10/03/1995

3a. Date of Last Report:

4. F.E.I. Number: 65-0073509 ☐ 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

9. Name and Address of Current Registered Agent

ALONSO, JUAN
1250 NW 36 STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: JUAN ALONSO
82 Street Address (P.O. Box Number is Not Acceptable): 2216 N. RIVER DRIVE # 6
83
84 City: MIAMI FL 85 Zip Code: 33142

11. Pursuant to the provisions of Section 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: JUAN ALONSO 3-26-96
Signature of Registered Agent Typed or Printed Name of Registered Agent Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	ALONSO, JUAN		12 NAME	JUAN ALONSO	
STREET ADDRESS	1250 NW 36 STREET		13 STREET ADDRESS	2216 N RIVER DRIVE # 6	
CITY-ST-ZIP	MIAMI FL 33142		14 CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

800001772468
-04/08/96--01054--016
***200.00

CR2E034 (12/95)

JR 4/8/96

14. I (We) Hereby certify that the information supplied with this filing is true, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added, or an attachment with an address.

SIGNATURE: 3/14/96 305-638-3595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

PSTD