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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000079560 (5)

MO INTERNATIONAL AUTO REPAIR, INC.

Mailing Address Principal Place of Business 1314 N. FEDERAL HIGHWAY 1314 N. FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-3632 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1995 04/15/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0616987 Not Applicable 21 26 Suite Apt #, etc. Suite, Apt.. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHLICHTE, PAUL G 2134 HOLLYWOOD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 City 84 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) Signative it good or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change ☐ Addition 1.1 TOLE THE O'HANA, SIMON 1.2 NAME NAVI: 1314 N. FEDERAL HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST- AF Change DELETE Addition TELL 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ACCORESS 3.4. CITY-\$1-ZIP CHY-SI-ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated on this annual report or suppliemental 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 coefficient on 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 Janged, or on an attachment with an address.

4.3 STREET ADDRESS 4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS

Tilte

NAME

TITLE

NAME

CITY: \$1: ZIP

STREET ADDRESS CITY: ST. ZIF

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/15/

2 Daytime Phone

Change

Change

FILED

Apr 21 1997 8:00am

Secretary of State

CR2E034 (9/96

Addition

Addition