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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000082633 (5)

JLT AUTO SERVICES, INC.

CRY-ST-7-P

Mailing Address Principa! Place of Business 10320 SW 103 LANE 10320 SW 103 LANE MIAMI FL 33178-3543 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1995 01/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0619494 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 23 28 Country Country Zip This corporation has liability for itangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New egistered Agent 9. Name and Address of Current Registered Agent 81 Name TEZANOS, JORGE 10320 SW 103 LANE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 Zip Code 84 City 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. Lam familiar wills, and accept the obligations of, Section 607.0505, Florida Statutes. Signarize it good or prated name of repretend agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TOLE Thus TEZANOS, JORGE 1.2 NAME NAME 10320 SW 103 LANE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** 1.4 CITY-ST-ZIP CITY ST-70F Addition DELETE Change 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ACDRESS 2.4 CITY-ST-ZIP CITY-ST DELETE ☐ Change Addition HILE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST ZIP Change Addition DELETE 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY: ST-ZIF Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CI1Y-51 Z# Addition DELETE 6.1 TITL€ 1 1LE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby 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 33 if changed, or our an attachment with an address.

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR