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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090814 (1)

KIT AUTOMOTIVE AND TOWING INC.

FILED Mar 17 1997 8:00am Secretary of State



| Principal Plac | e of Business | Mailing Address | Address | | | 8 5 114 8 5 111 8 8 111 8 9 1 | | .1 1111 1191 | | |
|---|---|--|--------------|---|--|---|----------------------------------|-----------------------|--|--|
| 1333 DADE BO MIAMI BEACH | | 1333 DADE BOULEVARD MIAMI BEACH FL 33139-1420 | | | | | | | | |
| , | _ | | | | 3. Date Incorporated of 11/29/1995 | r Qualified ; | 3a. Date of Last P 03/21/1996 | Report | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Aı | pplied For | | |
| | | Scale And A of | | | 65-0625809 | | | ot Applicable | | |
| | | Suite, Apt. #, etc. | 7 | | 5. Certificate of Status | Desired [| • | Additional equired | | |
| | | City & State | | 6. Election Campaign Trust Fund Contribu | tion [| Added | May Be to Fees | | | |
| Zip | F | | Countr | У | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 | 25 29 30 30 9. Name and Address of Current Registered Agent | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | | |
| | | redistrated Wieur | 81 | Name | 10, Name and Address | or New Hegis | itered Agent | | | |
| CORONADO, NESTOR 7360 CORAL WAY #21 | | | | | | | | | | |
| MIA | | 82 | | at Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 1 | | | 83 | | | | | | | |
|] | | | 84 | | | | FL T | 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered age if and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. OF EICERS AND DIRECTORS 1 | | | | jent signatur. | ADDITIONS/CHANGE | | | 3S IN 12 | | |
| TITLE | PSD | DELETE | 1.1 Till E | | | <u>o ro orrioeri</u> | Change | Addition | | |
| NAME | DAVILA, MERCEDES A | • | 1.2 NAME | | VPD | | | [3 | | |
| STREET ADDRESS | | | 1.3 STREE | I ADDRESS | DAVILA, MERCE | | | 13 | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | 1.4 CITY- | S1 - Z IP | 3440 NE 192TH | STREET | Г #а-1М | | | |
| · TITLE | | ☐ DELETE | 2.1 TITLE | | PSD | | Change | XX Addition | | |
| [NAME] | | | 2.2 NAME | | CARCASSES, ME | RCEDES | | 1 | | |
| STREET ADDRESS | | | 2.3 STREE | 1 ADDRESS | 1333 DADE BOU | LEVARD | | | | |
| CITY-ST-ZIP | | DELETE | 2. 4 CI1Y- | S1 - 71P | MIAMI-BEACH, | FL 331 | | T Address | | |
| TITLE NAME | | | 3.1 TITLE | | | | [_] Change | Addition | | |
| STREET ADDRESS | | | 3.2 NAME | I ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | | | | | | |
| TITLE | | DELETE | 4 1 11TLE | 31- ZIF | | - | Change | Addition | | |
| NAME | | _ | 4. 2 NAME | | | - | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-74P | | | | | | |
| TITLE | | DELETE | 5 1 THLF | | | | Change | Addition | | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | • | 5 3 STHEE | I ADDRESS | | | | 1 | | |
| CITY-ST-ZIP | | | 5.4 CHY- | S1 - ZIP | | | | | | |
| TITLE | | DELETE | 61111LE | | | | ☐ Change | Addition | | |
| NAME | | | 6 2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 S1R() | I ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - 3 | | | | | | | |
| i 14. Ido heret | by certify that the information supplied w | oth this filing does not qualify. | for the eye | amortion e | lated in Section 119 07/3)(A. Flo | rida Statutos 1 | further certify that | tho | | |

t do independent that the interface supplies that the information indicated on this annual report or supplements annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tam 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 attact ment with an address.