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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096196 (7)

HARRY'S AUTO CARE, INC.

Principal Place of Business Mailing Address 7615 NORTHWEST 27 AVENUE 7615 NORTHWEST 27 AVENUE MIAMI FL 33147 MIAMI FL 33147-5503 3. Date incorporated or Qualified 3a. Date of Last Report 12/20/1995 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0628955 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 81 Name 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 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 Stgrature. Typed or printed name of registered agent and fifte if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change THEF 1.1 TITLE Addition HOO. MURIEL NAME 1.2 NAME 7615 NORTHWEST 27 AVENUE STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33147 CITY-S1-ZIP 1.4 CITY-ST-ZIP VID TOLE DELETE 2.1 TITLE ☐ Change Addition HOO, HARRY C NAME 22 NAME 7615 NORTHWEST 27 AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33147 CHTY - ST - ZIP 2. 4 CITY-ST-ZIP THUE DELETE 3.1 TITLE Change Addition CHEN. ALICIA NAME 3.2 NAME 7615 NORTHWEST 27 AVENUE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33147** City-St-ZiP 3.4 CITY-ST-ZIP DELETE THLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZP 5.4 CITY-ST-ZIP DELETE THEF 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADORESS

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 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.

6.4 CITY - ST-ZIP

SIGNATURE:

CONTRACTOR DE COUNTRE DE COUNTRE EN ATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/20/97 305 6967905 Dayline Proce #

FILED

Apr 30 1997 8:00am

Secretary of State