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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000017002 (2)**

1. Corporation Name
FLORIDA AUTO STORE INC.

Principal Place of Business
9090 NW SO. RIVER DRIVE UNIT 28
MEDLEY FL 33016

Mailing Address
~~9090 NW SO. RIVER DRIVE UNIT 28~~
~~MEDLEY FL 33166-2125~~

NEW MAILING ADDRESS

3. Date Incorporated or Qualified: 02/23/1996
3a. Date of Last Report:
4. FEI Number: 65-0644155 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 7360 CORAL WAY STE# 21
City & State
28 MIAMI FLORIDA
Zip | Country
29 33155 | 30 DADE

9. Name and Address of Current Registered Agent

CORONADO, NESTOR
7360 CORAL WAY #21
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** | 85 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
Signature of New Registered Agent, if changing | Signature of Old Registered Agent | (NOTE: Registered Agent signature required when reinstating) | DATE

12. OFFICERS AND DIRECTORS

TITLE: PSD ☐ DELETE
NAME: BARROSO, ANTONIO F
STREET ADDRESS: 1415 WEST 31 STREET
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: VD ☐ DELETE
NAME: GARCIA, ARMANDO
STREET ADDRESS: 9090 NW SO. RIVER DRIVE UNIT 28
CITY-ST-ZIP: MEDLEY FL 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADD/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I 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 a director or officer 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 to the report or on an attachment with an address.

SIGNATURE: Pres. 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #