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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000017002 (2)

FLORIDA AUTO STORE INC.

Principal Place of Business Mailing Address 9090 NW SQ. RIVER DRIVE UNIT 28 7360 CORAL WAY MEDLEY FL 33016 STE. 21 **MIAMI FL 33155** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0644155 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORONADO, NESTOR 7360 CORAL WAY #21 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33155** 63 84 City Zip Code 85 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. **GIGNATURE** Signature, typed or printed name of registered agent and life if applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change BARROSO, ANTONIO F NAME 1 2 NAME **1415 WEST 31 STREET** STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE 21 TITLE Addition GARCIA, ARMANDO NAME 2.2 NAME 9090 NW SO. RIVER DRIVE UNIT 28 STREET ADDRESS 2.3 STREET ADDRESS MEDLEY FL 33016 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE ■ DELETE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-7IP In the property certify that the informatindicated on this annual report officer or director of the corporablock 12 or Block 13 if thanged. iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an justice empowered to execute this report as required by Chapter 607, florida statutes; and that my name appears in with an address.

SIGNATURE:

FILED

Apr 28 1998 8:00am

Secretary of State