

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000018716 (6)

1. Corporation Name
HAVANA DRIVING SCHOOL, INC.

Principal Place of Business

489 HIALEAH DRIVE
HIALEAH FL 33010

Mailing Address

489 HIALEAH DRIVE
HIALEAH FL 33010-5320

3. Date Incorporated or Qualified

02/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 435 HIALEAH DR
Suite, Apt. #, etc.

2a. Mailing Address

26 435 HIALEAH DR
Suite, Apt. #, etc.

4. FEI Number

59-3362776

Applied For

Not Applicable

22 SUITE 6

27 SUITE 6

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 HIALEAH, FL

28 HIALEAH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33010

25 U.S.A

29 33010

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SARDUY, MIGUEL D
2830 NW 21ST AVENUE
MIAMI FL

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 type the printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME SARDUY, MIGUEL D
STREET ADDRESS 2830 NW 21ST AVENUE
CITY-ST-ZIP MIAMI FL 33142

1.2 TITLE ☒ DELETE

NAME TORRES, CIRILO D
STREET ADDRESS 584 NW 20RD AVENUE
CITY-ST-ZIP MIAMI FL 33125

1.3 TITLE ☒ DELETE

NAME SIERRA, HILDA
STREET ADDRESS 10839 NW 7TH STREET
CITY-ST-ZIP MIAMI FL 33172

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIGUEL D. SARDUY 3/1/97 885-0034

CR2E034 (9/96)