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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000019545 (8)**

1. Corporation Name

SUPER EXHAUST, INC.

Principal Place of Business

**7994 CRESPI BOULEVARD
MIAMI BEACH FL 33141**

Mailing Address

**7994 CRESPI BOULEVARD
MIAMI BEACH FL 33141-1807**

3. Date Incorporated or Qualified
03/04/1996

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 10613 N.W. 52 Terr.
Suite, Apt. #, etc.

26 10613 N.W. 52 Terr.
Suite, Apt. #, etc.

4. FEI Number
65-0652203

Applied For
☐ Not Applicable

22

City & State

23 Miami, Florida

Zip

24 33178

Country

25 U.S.A.

City & State

28 Miami, Florida

Zip

29 33178

Country

30 U.S.A.

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

9. Name and Address of Current Registered Agent

**LOZANO, YOLANDA
7994 CRESPI BOULEVARD
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

**81 Name
Luz Marina Pena
82 Street Address (P.O. Box Number is Not Acceptable)
10613 N.W. 52 Terr.
83
84 City
Miami FL 85 Zip Code
33178**

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]

[Signature]

4-23-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PVD
NAME LOZANO, YOLANDA
STREET ADDRESS 7994 CRESPI BOULEVARD
CITY-ST-ZIP MIAMI BEACH FL 33141**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PVD
1.2 NAME Luz Marina Pena
1.3 STREET ADDRESS 10613 N.W. 52 Terr.
1.4 CITY-ST-ZIP Miami, FL 33178**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**6.1 TITLE
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]

4-23-97

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CR2E034 (9/96)