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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DCCUMENT # P96000045282 (6)

ZAYAS AUTO SALES, INC.

Principal Place of Business

SIGNATURE

4011 W. FLAGLER ST., STE, 403 3501 NW 27TH AVE. MIAMI FL 33134-1843 MIAMI FL 33142 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent Name ZAYAS, ANSELMO 3501 NW 27TH AVE. Street Address **MIAMI FL 33142** 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. 13. DELETE THEF 11700F ZAYAS, ANSELMO NAME 1.2 NAME 3501 NW 27TH AVE. 35 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** 1.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE 101 F 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDIRESS 2. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZP DELETE 61 TITLE TITLE 62 NAME 63 STREET ADDRESS STREET ADORESS 64 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; to a man 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 3 if changed, or on an attachment with an address.

FILED May 27 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 05/29/1996	3a. Da	ite of La	st Re	port	
4. FEI Number	/		Αp	plied For	1
65-066751	0			Applicable	1
5. Certificate of Status Desired		+		dditional quired	
Election Campaign Financing Trust Fund Contribution				May Be o Fees	
This corporation has liability for in Florida Statutes	ntangible Yes	tax und	ør s.	199.032,	
10. Name and Address of New Re	gistered .	Agent			1
ss (P.O. Box Number is Not Acceptab	ıle)				
	FL			Code	
ration submits this statement for the points board of directors. I hereby accept when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE				6
	22,10,111	Char		Addition	8
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3-24-97 (305)634-3788