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Mar 19 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 # **P96000104495 (2)**

1. Corporation Name
UNIVERSAL AUTO CARE INC

Principal Place of Business	Mailing Address
829 NW LEJEUNE RD. MIAMI FL 33126	829 NW LEJEUNE RD. MIAMI FL 33126-3641

3. Date Incorporated or Qualified: **12/31/1996**
3a. Date of Last Report:

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

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0715849 ☐ 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

9. Name and Address of Current Registered Agent

FERREIRA, VIVIAN
829 NW LEJEUNE RD.
MIAMI FL 33126

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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: FERREIRA, VIVIAN
STREET ADDRESS: 829 NW LEJEUNE RD.
CITY-ST-ZIP: MIAMI FL 33126
☐ DELETE

TITLE: SECRETARY
NAME: ARMANDO A DIAZ JR
STREET ADDRESS: 829 NW LeJeune Rd
CITY-ST-ZIP: Miami Fl 33126
☐ DELETE

TITLE: DIRECTOR
NAME: VICTOR RAMOS
STREET ADDRESS: 829 NW LeJeune Rd
CITY-ST-ZIP: Miami Fl 33126
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

CR2E034 (9/96)

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] 03-07-97 305-643-3610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # **0002745**