Eduardo Mendez ATTORNEY AT LAW 10920 West Flagler Street Suite 205 Miami, Florida 33174

Licensed in Illinois Florida

(305) 553-8676 Fax - (305) 553-3944

> Re: AAA Transmissions, Inc. Change of Registered Agent P9700002091

Dear Sir. -

Enclosed please find Statement of Change of Registered Agent, in duplicate, for the above referred corporation. Also my check for \$35.00 to cover the fees.

Kindly return a copy to the undersigned duly stamped filed.

If you have any question, do not hesitate to call.

Yours Truly,

20002316172--0 -10/09/97--01074--018 *****35.00 *****35.00

Eduardo Mendez, Esquire

EM/gm

R-A. Charge 10-13-97



Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the for both, in the Stat	ed corporation organized lowing statement in order to be of Florida. f the corporation is:AAA1	under the laws of the change its registered office	State of Fice or registered	orida dagent, or
1b. The mailing	address of the corporation is	: <u>1850 N.W. 7th Ave</u> Miami, Florida 33		
1c. Date of inco	orporation: March 5, 199	Document number:	P 97000020	0191
2. The name a	and address of the current reg	istered agent and office:		
	1850 N.W. 7th	Avenue	-	D
	Miami, FL 3313	36	-	DIVISIO 97 O
3. The name and	d address of the new register PEDRO PENA	ed agent and office:(P.O. Bo	× Not Acceptable	_ ೧೮೫
	1850 N.W. 7th Av	enue,	-	ORPORATION AND AND AND AND AND AND AND AND AND AN
	Miami, Florida 3	33136	-	ATIO 19
redistered afterit	ess of its registered office a , as changed, will be identica	1.		
Such change was a puthorized b	as authorized by resolution du y the board.			an officer
Mille	her	······································	r 1, 1997	
	f an officer, chairman or irman of the board)		(Date)	
Pedro Peña,				
Having been na corporation, I had further agree performance of registered agen	typed name and tite) Immed as registered agent and Perebyacceptine appointment to comply with the provision imp duties, and I am familia	d to accept service of process registered agent and agent and agent and agent and accept the obli	ess for the aboree to actin this the proper and igation of my p	ove stated capacity. complete cosition as
X Felle	Pedro Peña	October 1	1 . 1997	
/ (Signature o	Registered Agent)		(Date)	
If signing on beh	alf of an entity:			
(Typed or F	rinted Name)	(C	apacity)	·
D	ivision of Corporations, P.O	. Box 6327, Tallahassee,	FL 32314	

FILING FEE: \$35,00

CR2E045(11/94)