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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048831 (6)

E G AUTO WHOLESALE CORP.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 92080 OVERSEAS HWY **4890 SW 4 STREET** TAVERNIER FL 33037 MIAMI FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0758548 10717A E US Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMPA \Box Trust Fund Contribution Added to Fees 28 ZiD Country Zip 33610 Country 8. This corporation owes or has paid the current year Intangible 25 Hillsmonouth 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Name MARTINEZ, REBECA 4890 SW 4TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33134 83 84 City 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 Fiorida. 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, Fiorida Statutes. **SIGNATURE** (NOTE Flogistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Addition TITLE 1.1 TITLE ☐ Change MARTINEZ, REBECA JOSE MARTINEZ NAME 1.2 NAME 4890 S.W. 45T 4890 SW 4 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI, PL 33134 MIAMI FL 33134 CITY-ST-ZIP 1.4 C(TY-SY-Z)P DELETE Change X Addition TITLE 21 TOTALE MARTINEZ, JOSE NAME 22 NAME 4890 SW 4 ST STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33134** CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE CASTRO, RAUL G NAME **3.2 NAME** 13908 SW 91 TERRACE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33186 3.4. CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE RUBIO, CAMILO R NAME 4. 2 NAME 7380 SW 120 ST STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33156** 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

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Lahren Martine

Report Hasting (pood) 11 - by BOCKUDGUT