## FILE NOW: FILING FEE AFTER MAY 1ST IS

PROFIT CORPORATION ANNUAL REPORT

1998

**SIGNATURE:** 



FLORIDA DEPARTMEI. OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000077753 (6)

MIAMI AUTO PROTECTION, INC.

Principal Place of Business Mailing Address

465 EAST 10TH AVENUE 465 EAST 10TH AVENUE HIALEAH FL 33010 HIALEAH FL 33010

## FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

305-534-3807

3. Date Incorporated or Qualified

| 2. Principal Place of Business   2a. Mailling Address   2b. Mailling Address   2c. Mailli   | Ì  |   |                                   |                  |   | 09/09/1997   |  |
|--|--|---|-----------------------------------|------------------|---|--|--|
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   | 2. Principal Place of Business 2a. Mailing Address |   |                                   |                  |   |  |  |
| City & State   | 21   | 21 26   |                                   |                  |   | 63-007-8773 Not Applicable   |  |
| City & State   | <del></del>  |   | <del></del>                       |                  |   |  |  |
| Zip   Country   Zip   Country   Zip   Country   Zip   Country   S. This corporation owes or has paid the current year intengible   Personal Property Tax due, June 39,   Yes   No   No   9, Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of   |  |   |                                   |                  |   | Fee Required   |  |
| Zip Country Zip Country Zip Country 2  | <b>⊢</b> '   | ate   | <b>├</b> ── '                     |                  |   |  |  |
| 28   |  |   |                                   | 1 0              |   |  |  |
| 9. Name and Address of Current Registered Agent  ALBANES, PEDRO R  250 SOUTH COCONUT LANE MIAMI BEACH FL 33139  82 Street Address (P.O. Box Number is Not Acceptable)  MIAMI BEACH FL 33139  83 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 list registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, in an ismitian with, and accept the Obligations of, Section 607.0502, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, ispect or printed near of registered agent and rife it applicable.  OFFICIERS AND DIRECTORS  12. OFFICIERS AND DIRECTORS  13. ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D CHANGE  1.1 ITILE  ACID CHANGE  1.2 ITILE  D CHANGE  ASSIRET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  1.3 STREET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.2 SIRMET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.3 SIRET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.4 SIRET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.5 REET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.4 SIRET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.5 REET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.6 SIRET ADDRESS  CITY-S1-2P  TITLE  D CHANGE  3.5 REET ADDRESS  CITY-S1-2P  TITLE | <b>⊢</b> , ′                                       | <b>⊢</b> ′  | <b>├</b> ─¬ '                     | <del></del>      | ry  |  |  |
| ALBANES, PEDRO R 250 SOUTH COCONUT LANE MAMI BEACH FL 33139  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered circle or registered agent, or both, in the State of Florida, Such change was submits about of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida, Such change was submits about of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida, Such change was submits above of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida, Such change was submits above of directors. Thereby accept the appointment as registered agent and familiar with, and accept the obligations of Section 607.0506, Florida Statules.  SIGNATURE  Signature, typed or printed name of registered agent and title if application.  (NOTE Registered Agent agreed A |  |   |                                   |                  |   |  |  |
| ALDANUS, FIEDRO R 250 SOUTH COCONUT LANE MIAMI BEACH FL 33139  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, tiped or prived name of registered apent act the Verebrations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  1.2 STREET ADDRESS  465 EAST 10TH AVENUE  1.3 STREET ADDRESS  465 EAST 10TH AVENUE  1.4 CITY-51-2P  TITLE  DIAZ, LEONEL JR  3.3 STREET ADDRESS  4.4 CITY-51-2P  TITLE  DELETE  3.1 TITLE  3.4 CITY-51-2P  1.5 Zip Change  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  ADDRESS  ADDRESS  CITY-51-2P  TITLE  DELETE  1.1 TITLE  1.2 TITLE  1.3 TITLE  1.4 Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  ADDRESS  CITY-51-2P  TITLE  DELETE  1.1 TITLE  ADDRESS  ADDRESS  CITY-51-2P  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  ADDRESS  ADDRESS  CITY-51-2P  TITLE  ADDRESS  ADDRESS  CITY-51-2P  ADDRESS  ADDRESS  CITY-51-2P  ADDRESS  ADDRESS  ADDRESS  CITY-51-2P  ADDRESS  ADDRES |  |   |                                   |                  |   |  |  |
| MIAMI BEACH FL 33139  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 like 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 arn tamiliar with, and accept the obligations of, Sections 607.6505, Florida Statutes.  SIGNATURE  Street Agent agreement of registered agent and like if application.  TITLE  D   | ALBANES, PEDRU R                                   |   |                                   |                  |   |  |  |
| B3   | I ""   |   |                                   | 8:               | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
| B4   City   FL   85   Zip Code   | MIAMI BEACH FL 33139                               |   |                                   | 8:               | 83  |  |  |
| 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 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 accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D ALBANES, PEDRO R  1.2 NAME  STREET ADDRESS  485 EAST 10TH AVENUE  HIALEAH FL 33010  L DELETE  1.1 TITLE  D L J TITLE  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  1.4 CITY-ST-ZIP  TITLE  D L J CHange Addition  Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D L Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AN |  |   |                                   |                  |   | The state of the s |  |
| office or registeried 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 accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling)  12.   |  |   |                                   | 84               | 4 City  | 85 Zip Code  |  |
| office or registeried 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 accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling)  12.   | 11 Purcuant  | t to the provisions of Sections 607.0502            | and 607 1508. Florida Statul      | tes the shor     | ve-named cot  | rnoration submits this statement for the numose of changing its registered   |  |
| SIGNATURE  Signature, typed or printed name of registrored agent and life if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  D ALBANES, PEDRO R 465 EAST 10TH AVENUE 1.3 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  D D DIAZ, LEONEL JR STREET ADDRESS 465 EAST 10TH AVENUE 2.2 NAME STREET ADDRESS 465 EAST 10TH AVENUE 465 EAST 10TH AVENUE 467 EAST 10TH AVENUE 467 EAST 10TH AVENUE 468 EAST 10TH AVENUE 469 EAST 10TH AVENUE 469 EAST 10TH AVENUE 460 EAST 10TH | office or  | registered agent, or both, in the State of          | of Florida. Such change was       | authorized b     | y the corpora   | ation's board of directors. I hereby accept the appointment as registered  |  |
| Signeture, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating)   DATE  | l  |   | tions of, Section 607.0505, Fi    | orida Statute    | 3S.   |  |  |
| 12. OFFICERS AND DIRECTORS  TITLE  D  ALBANES, PEDRO R  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33010  DELETE  L1 TITLE  DIAZ, LEONEL JR  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33010  DELETE  L2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33010  DELETE  L3 STREET ADDRESS  CITY-ST-ZIP  L1 TITLE  L1 Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  L1 TITLE  L2 NAME  3.1 TITLE  Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  L2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  L3 STREET ADDRESS  CITY-ST-ZIP  Addition  Addition  Addition  AMME  ANAME  A STREET ADDRESS  CITY-ST-ZIP  TITLE  L2 NAME  A STREET ADDRESS  CITY-ST-ZIP  TITLE  L3 STREET ADDRESS  CITY-ST-ZIP  TITLE  L4 TITLE  L4 TITLE  L4 NAME  A STREET ADDRESS  CITY-ST-ZIP  TITLE  L5  | SIGNATURE  | Standilize haned or printed name of registered spen | t and little if applicable (NO)   | TE. Begistered A | rent signature regu                                   | ukad when reinstating) DATE  |  |
| TITLE D DELETE 1.1 TITLE 1.2 Change Addition  NAME ALBANES, PEDRO R 1.2 NAME  STREET ADDRESS 465 EAST 10TH AVENUE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  TITLE D DIAZ, LEONEL JR 2.2 NAME  STREET ADDRESS 465 EAST 10TH AVENUE 2.3 STREET ADDRESS 465 EAST 10TH AVENUE 2.3 STREET ADDRESS 465 EAST 10TH AVENUE 2.3 STREET ADDRESS 5.7 STP HIALEAH FL 33010  | 12.  |   |                                   |                  | gan x angression o raqu                               | 7  |  |
| STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  1.3 STREET ADDRESS CITY-ST-ZIP TITLE D DIAZ, LEONEL JR STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  2.1 TITLE DIAZ, LEONEL JR 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE DELETE DELETE Addition Addit | TITLE  |   |                                   | 1.1 TITLE        |   |  |  |
| STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  1.3 STREET ADDRESS CITY-ST-ZIP TITLE D DIAZ, LEONEL JR STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  2.1 TITLE DIAZ, LEONEL JR 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010  2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE DELETE DELETE Addition Addit | NAME   | ALBANES, PEDRO R                                    |                                   | 1.2 NAME         | :   | ,  |  |
| TITLE D DIAZ, LEONEL JR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 DELETE 2: TITLE 2: NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3: TITLE 3: STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4: TITLE 3: STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4: TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4: TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5: TITLE DELETE 5: TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5: TITLE DELETE 5: TITLE DELETE 5: NAME  | STREET ADDRESS                                     |   |                                   | 1.3 STREE        | T ADDRESS   |  |  |
| TITLE D DIAZ, LEONEL JR 22 NAME STREET ADDRESS 465 EAST 10TH AVENUE 23 STREET ADDRESS HIALEAH FL 33010 2.4 CITY-ST-ZIP TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE 3.5 NAME 3.5 NAME 3.5 NAME 3.5 NAME 3.5 NAME 3.6 NAME 3.6 NAME 3.7 NAME 3.7 NAME 3.7 NAME 3.7 NAME 3.8 NAME | CITY-ST-7IP  | HIALEAH FL 33010                                    |                                   | 1.4 CITY-        | ST-7IP  |  |  |
| STREET ADDRESS   465 EAST 10TH AVENUE   2.3 STREET ADDRESS   CITY-ST-ZIP   HIALEAH FL 33010   2.4 CITY-ST-ZIP     Change   Addition   Additio   |  |   | DELETE                            |                  |   | Change Li Addition   |  |
| STREET ADDRESS   465 EAST 10TH AVENUE   2.3 STREET ADDRESS   CITY-ST-ZIP   HIALEAH FL 33010   2.4 CITY-ST-ZIP     Change   Addition   Additio   | NAME   | DIAZ. LEONEL JR                                     |                                   | 2.2 NAME         | : }   | ·  |  |
| DELETE   DELETE   3.1 TITLE   Change   Addition  | STREET ADDRESS                                     |   |                                   | 2.3 STREE        | T ADDRESS   |  |  |
| DELETE   DELETE   3.1 TITLE   Change   Addition  | CTTY-ST-ZIP  | HIALEAH FL 33010                                    |                                   | 2. 4 CITY-       | -ST-ZIP   |  |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  |  |   | DELETE                            |                  |   | ☐ Change ☐ Addition  |  |
| CITY-ST-ZIP   3.4. CITY-ST-ZIP     Change   Addition   | NAME   |   |                                   | 3.2 NAME         |   |  |  |
| TITLE  | STREET ADDRESS                                     |   |                                   | 3.3 STREE        | T ADDRESS   |  |  |
| NAME   | CITY-ST-ZIP  |   |                                   | 3.4. CITY-       | -ST-ZIP   | A CONTRACT OF THE CONTRACT OF  |  |
| STREET ADDRESS   4.3 STREET ADDRESS  |  |   | DELETE                            | 4.1 TITLE        |   | ☐ Change ☐ Addition  |  |
| CITY-ST-ZIP  | NAME   | -   |                                   | 4. 2 NAM         | E   |  |  |
| TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME   | STREET ADDRESS                                     |   |                                   | 4.3 STREE        | T ADDRESS   |  |  |
| TITLE DELETE Change Addition NAME 5.2 NAME   | CITY-ST-ZIP  | <u> </u>  |                                   | 4.4 CITY-        | ST-ZIP  | The second secon |  |
|  |  |   | DELETE                            | S.1 TITLE        |   | Change Addition  |  |
| STREET ADDRESS 5.3 STREET ADDRESS  | NAME   |   |                                   | 5.2 NAME         |   | •  |  |
|  | STREET ADDRESS                                     |   |                                   | 5.3 STREE        | T ADDRESS   |  |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  | CITY-ST-ZIP  | _   |                                   | 5.4 CITY-        | ST-ZIP  |  |  |
| TITLE DELETE 6.1 TITLE Change Addition   |  |   | DELETE                            | 6.1 TITLE        |   | Change Addition  |  |
| NAME 62 NAME   | NAME   |   |                                   | 6.2 NAME         |   | •  |  |
| STREET ADDRESS 6.3 STREET ADDRESS  | STREET ADDRESS                                     |   |                                   | 6.3 STREE        | T ADDRESS   |  |  |
| CITY-ST-7IP  | CITY-ST-7IP  | 1   |                                   | 6.4 CiTY-        | ST-ZIP  |  |  |
| 14. I 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 of 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  | 14. I hereby                                       | certify that the information supplied with          | h this filing does not qualify fo | or the exemp     | ption stated in                                       | Section 119.07(3)(i), Florida Statutes. I further certify that the information   |  |