Mar 11, 1999 8:00 am PROFIT FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 03-11-1999 90065 030 \*\*\*158.75 1999 DIVISION OF CORPORATIONS P97000083304 DOCUMENT # 1. Corporation Name CARFIX, INC. Principal Place of Business Maiting Address 2000 S.W. 8th Street c/o Ernesto Sanchez P.A. Miami, Florida 33135 814 Ponce de Leon Blvd. #505 DO NOT WRITE IN THIS SPACE Coral Gables, F1. 33134 3. Date Incorporated or Qualifed 09/26/97 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0786631 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\nabla \mathbf{k}$ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible XXX Yes 25 29 [30] Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Jose Šenz Ernesto Sanchez P. A. Street Address (P.O. Box Number is Not Acceptable) 814 Ponce de Leon Blvd. 199 Ocean Lane Drive, Apt. 1005 Key Biscayne, Fl. 33149 Suite 505 Coral Gables Zip 5044 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 Blorida. 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, Florida Statutes. 12 CR2E034 (11/98 OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE 1 2 NAME Sanz, Jose STREET ADDRESS 99 Ocean Lane Drive, Apt. 1005 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Key Biscayne, Fl. 33149 DELETE TIRE Addition 2.1 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZIP TITLE DELETE - Addition 3.1 TIRE NAME STREET ADORESS 13 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZP TITLE ☐ DELETE 41TITLE Addition □ Change NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-81-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS SA CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling noes 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 each; that I am an officer or director of the corporation or the receiver or trystee 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 attachment and or address, with all other like empowered.

6.1 TITLE

62NAME

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PREPENSIDENT

Geb. 12, 1999

205 441 2040

Addition

Change