

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90139 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000026242</b>			
1. Corporation Name <b>E-Z LUBE INC.</b>			
Principal Place of Business <b>% ROZENCWAG &amp; ROTH-CORTINA ONE SOUTHEAST 3RD AVENUE SUITE 960 MIAMI FL 33131</b>		Mailing Address <b>% ROZENCWAG &amp; ROTH-CORTINA ONE SOUTHEAST 3RD AVENUE SUITE 960 MIAMI FL 33131</b>	
2. Principal Place of Business 21 <b>385 NORTH STATE ROAD 7</b>		2a. Mailing Address 26 <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 <b>PLANTATION FL</b>		27 Country & State 28 <b>FL</b>	
Zip 24 <b>33317</b>		Country 25 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>ROZENCWAG, LESLIE A % ROZENCWAG &amp; ROTH-CORTINA ONE SOUTHEAST 3RD AVENUE SUITE 960 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>LINDA ROTH-CORTINA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>60 LINDA ROTH-CORTINA, P.A.</b> 83 <b>75 Valencia Avenue #102</b> 84 City <b>Coral Gables</b> FL 85 Zip Code <b>33134</b>	
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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE <b>01/7/99</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/99

Daytime Phone #

954-584-252

CR2F034 (11/98)