FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 23, 2000 8:00 am Secretary of State DOCUMENT # P9900003612 JOHNNY'S AUTO SALES, INC. 05-23-2000 90085 001 *1,650.00 Principal Place of Business Mailing Address 1624 N.W. 21 STREET 1624 N.W. 21 STREET 16399 MIAMI FJ/35142 MIAMI FL/83142-7408 3. Mailing Address 2. Principal Place of Business 7205 N.W. 10 34 470397 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0899 Not Applicable MIAMI MIAMI Country Zip \$8.75 Additional Zip **Country** 5. Certificate of Status Desired Fee Required 32 47 33247~ *83*97 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENRINA ARROM, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 10556 N.W. 26TH STREET - SUITE 203 MIAMI FL 33172-2161 S.W. sysmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named end 5/11/2000 SIGNATURE & (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT PRES ☐ Change Defete TITLE TITLE HERRERA JOHN A. Honzar John NAME NAME 5901 SIW. 21 STANT S.W. 21 577-1 STREET ADDRESS STREET ADDRESS PlANTATIM, F/ 33317-3228 PLANTATIM CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR