2002 2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 28, 2002 8:00 am DOCUMENT # P990000 43405 Secretary of State AMERICAN AUTO FUNDING SOURCE, COZP. 08-28-2002 90036 043 ***150.00 Principal Place of Business Mailing Address . 158675W71#5t. 16300 NE 19 AVE 976908 MIDHI FL 33193 SUITE C N. Mism, Beh Fr 33/62 3. Mailing Address 2. Principal Place of Business 16300 NE 19 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0918906 City & State Applied For N. Mismi Beli Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33/62 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDO SILVA FERNANDO SILVA 16300 NE 19 AVE \$ 100 N. Miam, Bc4 FL 33/62 City North Mam, Bc4 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ☐ Change Addition TITLE ☐ Delete TITI F ELISED EVERED 158675W 71 St MIDMI FL 33193 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 trustee 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 an address, with all other like empowered. seo Courra. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

Alachmen 976908

August 23, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Annual Reports Filings

P. O. Box 1500

Tallahassee FL 32302-1500

Ref.: P99000043405 _ AMERICAN AUTO FUNDING SOURCE, CORP

Dear Sir or Madam:

I would like to let you know that we HAVE NOT RECEIVE ANY FORM BY MAIL to renew the Corporation for year 2002. I am sending a blank form to try to accomplish with the State Law, please accept my check without penalty.

Take on count that it was not my fault if I did not receive the renewal by mail, only I am trying to comply with the Corporate Renewal for this year.

Please waive any fine. I am not willfully negligent.

Eliseo Cuerrero

Cordially,

ELISEO GUERRA

President