FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S00667** **(3)**

1. Corporation Name

ATLANTIS AUTO CARE CENTERS, INC.

Principal Place of Business
4950 S. MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address
35 MILLER ROAD
LAKE WORTH FL 33461

3. Date Incorporated or Qualified: **09/19/1990**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21 4950 S. Military Trail
Suite, Apt. #, etc.
22
City & State
23 Lake Worth Fla
Zip 24 33463
Country 25 Palm Beach

2a. Mailing Address
26 35 Miller Road
Suite, Apt. #, etc.
27
City & State
28 Lake Worth Fla
Zip 29 33461
Country 30 Palm Beach

4. FEI Number: **65-0218846** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VIZOSO, ANTONIO O
35 MILLER RD
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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
Signature, typed or printed name of registered agent and the capacity [illegible] (NOTE: Registered Agent signature required when [illegible]) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VIZOSO, ANTONIO	1.2 NAME	35 Miller Road
STREET ADDRESS	35 MILLER RD	1.3 STREET ADDRESS	Lake Worth Fla. 33461
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VIZOSO, LUISA	2.2 NAME	35 Miller Road
STREET ADDRESS	35 MILLER RD	2.3 STREET ADDRESS	Lake Worth Fla 33461
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VIZOSO, ALEJANDRA	3.2 NAME	177 Fingal Dr
STREET ADDRESS	35 MILLER RD	3.3 STREET ADDRESS	West Palm Beach Fla
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	900001764749 ☐ Change ☐ Addition
NAME		5.2 NAME	-04/01/96--01054--009
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Alejandra Vizoso PRES. 3/23/96 8817511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)