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 # **S23607** **(2)**

1. Corporation Name

JAIME AUTO SERVICE, CORP.

Principal Place of Business	Mailing Address
5610 NW 78TH AVE MIAMI FL 33166	5421 SW 154TH CT MIAMI FL 33185 US

2. Principal Place of Business	2a. Mailing Address
21 8262 NW 58 ST	26 8262 NW 58 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami	City & State 28 Miami, FL
Zip 24 33166 / Country 25	Zip 29 33166 / Country 30 DADE

3. Date Incorporated or Qualified: **01/09/1991**
3a. Date of Last Report: **08/07/1995**

4. FEI Number: **65-0241127** ☐ 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

RINCON, JAIME
5421 SW 154 CT
MIAMI FL 33185

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 _____ DATE

Signature, typed or printed name of individual with authority to sign on behalf of corporation (CR2E031) — Registered Agent signature (required for reinstatement)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~RINCON, JAIME~~		1.2 NAME	Rincon, Jaime	
STREET ADDRESS	~~5421 SW 154 CT~~		1.3 STREET ADDRESS	5421 SW 154 CT	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	Miami, FL 33185	
TITLE	~~PST~~	☐ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	~~RINCON, JAIME~~		2.2 NAME	Gabriel A. Velez	
STREET ADDRESS	~~5421 SW 154 CT~~		2.3 STREET ADDRESS	8262 NW 58 ST, Miami, FL 33166	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME			3.2 NAME	Geronimo Herrera	
STREET ADDRESS			3.3 STREET ADDRESS	8262 NW 58 ST Miami, FL 33166	
CITY-ST-ZIP			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		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		

CR2E034 (12/95)

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: X Jaime Rincon 06/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Jaime Rincon

Daytime Phone #