

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:31

DOCUMENT # **S33615** (3)

1. Corporation Name

ALBA AUTOMOTIVE DISTRIBUTORS, INC.

Principal Place of Business

**4438 N.W. 74TH AVE.
MIAMI FL 33166**

Mailing Address

**4438 N.W. 74TH AVE.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1991

3a. Date of Last Report

01/27/1994

4. FEI Number

65-0263971

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 Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PULIDO, GABRIEL
4438 N.W. 74TH AVE
MIAMI FL 33166**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
PULIDO, GABRIEL
4438 N.W. 74TH AVE
MIAMI FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
PULIDO, GABRIEL E
4438 NW 74TH AVE.
MIAMI FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
PULIDO, FERNANDO
4438 NW 74TH AVE.
MIAMI FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
PULIDO, JANETH
4438 NW 74TH AVE.
MIAMI FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
PULIDO, ALBA
4438 NW 74TH AVE.
MIAMI FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL PULIDO, PRESIDENT

2. 27-95.

477.3711.

Date

(Signature) Name