

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # **S45581** (3)

To: Corporation Name

AAA HIGHWAY PRODUCTS & SAFETY CORP.

SEARCHED / INDEXED / FILED

1. CITY OR STATE
MIAMI, FLORIDA

Principal Place of Business	Mailing Address		
3061 S.W. 12TH ST. MIAMI FL 33135	3061 S.W. 12TH ST. MIAMI FL 33135		
2. Primary Place of Business	2a. Mailing Address		
21 Suite Apt # 6th	26 Suite Apt # 6th		
22 City & State	27 City & State		
23	24	25	26
9. Name and Address of Current Registered Agent			
RIVES, GUILLERMINA 11222 SW 5 TERRACE MIAMI FL 33174			

(PAGES 1-4 OF 11 PAGES)

3. Date Incorporated or Organized	3a. Date of Last Report	
04/10/1991	04/13/1994	
4. FEINumber	Applied For	
65-0262228	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	
7. Non-Corporation Tax Liability for a Nonresident Director(s) Under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		
B1 Name		
B2 Street Address (P.O. Box Number is Not Acceptable)		
B3		
B4 City	FL	B5 Zip Code

11. Pursuant to the provisions of Section 607.016(2) and 607.1608, Florida Statutes, the above named corporation submits the 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 the requirements of the provisions of Section 607.016(5), Florida Statutes.

SIGNATURE:

DP RIVES, GUILLERMINA
11222 SW 5 TERRACE
MIAMI FL 33174

RECEIVED AND INDEXED FOR RECORD

4/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	14. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	20. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.016(5), 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 this 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 of this document or on an attachment thereto.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

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