FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S45581** **(3)**

1. Corporate Name
AAA HIGHWAY PRODUCTS & SAFETY CORP.

Principal Place of Business
3061 S.W. 12TH ST.
MIAMI FL 33135

Mailing Address
3061 S.W. 12TH ST.
MIAMI FL 33135

(FOR FILING OFFICE USE ONLY)

3. Date Incorporated or Qualified: **04/10/1991**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. # or Bldg. 22
Suite, Apt. # or Bldg. 27

City & State 23
City & State 28

Zip 24 Country 25 Zip 29 Country 30

4. FEI Number: **65-0262228** ☐ 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. The corporation has authority to transact business in Florida pursuant to Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIVES, GUILLERMINA
11222 SW 5 TERRACE
MIAMI FL 33174

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 Section 607.0502 and 607.1908 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	DP	11 Title	☐ Change ☐ Addition
02 Name	RIVES, GUILLERMINA	12 Name	
03 Street Address	11222 SW 5 TERR.	13 Street Address	
04 City St Zip	MIAMI FL	14 City St Zip	
05 Title	DVS	21 Title	☐ Change ☐ Addition
06 Name	RIVES, JOSE M	22 Name	
07 Street Address	13422 SW 17 TERRACE CIRCLE N	23 Street Address	
08 City St Zip	MIAMI FL	24 City St Zip	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City St Zip		34 City St Zip	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City St Zip		44 City St Zip	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City St Zip		54 City St Zip	
25 Title		61 Title	☐ Change ☐ Addition
26 Name		62 Name	
27 Street Address		63 Street Address	
28 City St Zip		64 City St Zip	

14. I declare, I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the annual report or supplemental annual report filed and to comply 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an X in Block.

SIGNATURE: X [signature] 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0142033 CP