

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S57298** (9)

1. Corporation Name

NICK'S AUTO SERVICES, INC.



Principal Place of Business

**5951 N.W. 151ST STREET
BAY 42
MIAMI LAKES FL 33014**

Mailing Address

**5951 N.W. 151ST STREET
BAY 42
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified
06/05/1991

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0264104

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

**TAM, FERNANDO R.
5951 NW 151ST ST.
SUITE 42
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name
RICHARD S. OTRUBA, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
6447 MIAMI LAKES DRIVE EAST

83 SUITE 213

84 City
MIAMI LAKES

FL 85 Zip Code
33014

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 or director

(Not to be signed by agent or director if change of office or agent is required)

Date

04-26-96

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE
NAME **TAM, FERNANDO R.**
STREET ADDRESS **5951 N.W. 151 ST. #42**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/T** ☒ Change ☐ Addition
1.2 NAME **JUAN CASTILLO**
1.3 STREET ADDRESS **5951 N.W. 151 ST., BAY #42**
1.4 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 supplementary 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 I am attaching it with an address.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD S. OTRUBA, ESQ.

04-26-96

Date

305 822-1989

Telephone Number

CR2E034 (12/95)