FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY 10 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S79469 (0)

ALL CARS CLINIC, INC.

Principal Place of Business	Mailing Address
12820 HENDERSON RD TAMPA FL 33625 US	12820 HENDERSON RD TAMPA FL 33625 US

3. Date Incorporated or Qualified: 09/11/1991
3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-3080622 — 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 is not, for purposes of S. 607.1622 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACMILLAN, YVETTE ACOSTA
300 S HYDE PARK AVE
TAMPA FL 33601

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 607.1622 of the 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. The 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 607.325 Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	BARBOSA, ESMERALDO JR
STREET ADDRESS	4501 RANCHWOOD LN
CITY-ST-ZIP	TAMPA FL 33624
TYPE	DV
NAME	BARBOSA, ESMERALDO SR
STREET ADDRESS	6424 MOSS WAY
CITY-ST-ZIP	TAMPA FL 33625
TYPE	D
NAME	SANCHEZ, JOSE A
STREET ADDRESS	16106 SAGEBRUSH RD
CITY-ST-ZIP	TAMPA FL 33618
TYPE	ST
NAME	BARBOSA, YOLANDA
STREET ADDRESS	4501 RANCHWOOD LN
CITY-ST-ZIP	TAMPA FL 33624
TYPE	D
NAME	BARBOSA, DOLOZE
STREET ADDRESS	65424 MOSS WAY
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33618
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	X Change ☐ Addition
NAME	D BARBOSA, DOLORES
STREET ADDRESS	6424 MOSS WAY
CITY-ST-ZIP	TAMPA, FL. 33625
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true, accurate and complete. I am a director or officer 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 above, or on an attachment with an entity name.

SIGNATURE: Esmeraldo Barbosa Jr. (President) 5-2-95 (813) 968-2533

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Esmeraldo Barbosa Jr.

0303709 CP