

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S80818** (5)
1. Corporation Name:
ARNALDO'S AUTO SALES, INC.

Principal Place of Business: **5601 W FLAGLER ST MIAMI FL 33126 US**
Mailing Address: **1313 PONCE DE LEON #300 CORAL GABLES FL 33134 US**

APPROVED AND FILED
95 MAY -1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State, Apt. # etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1991**
3b. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0296239**
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:
**GOMEZ, ARNALDO J.
11921 S.W. 132ND AVENUE
MIAMI FL 33186**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0403 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 607.0403, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
17.1 NAME STREET ADDRESS CITY ST ZIP	PD GOMEZ, ARNALDO 11921 S.W. 132 AVENUE MIAMI FL	17.1 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.2 NAME STREET ADDRESS CITY ST ZIP		17.2 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.3 NAME STREET ADDRESS CITY ST ZIP		17.3 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.4 NAME STREET ADDRESS CITY ST ZIP		17.4 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.5 NAME STREET ADDRESS CITY ST ZIP		17.5 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.6 NAME STREET ADDRESS CITY ST ZIP		17.6 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.7 NAME STREET ADDRESS CITY ST ZIP		17.7 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.8 NAME STREET ADDRESS CITY ST ZIP		17.8 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(6)(b), Florida Statutes. I further certify that the information on this annual report or supplemental filing report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or entity 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 report or on an attachment with this report.

SIGNATURE:  **ARNALDO GOMEZ** 4/20/95 (305) 443-8500
TITLE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tanya B. Matham
Secretary of State
CORPORATION REGISTRATION

DOCUMENT # **S81414** (2)

ASSET CONSTRUCTION, INC.

APPROVED
FILED

MAY 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1991	3a. Date of Last Report 06/14/1994
4. FET Number 65-0287508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.012, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. Principal Office of Corporation 1501 SW LEJEUNE RD CORAL GABLES FL 33134		Mailing Address 1501 SW LEJEUNE RD CORAL GABLES FL 33134	
2. Principal Office of Corporation 21	2a. Mailing Address 26	22. State App. # etc. 27	2b. State App. # etc. 27
23. City & State 23	24. City & State 29	25. Zip 25	26. Zip 30

9. Name and Address of Current Registered Agent FORMAN, TERRY J 1501 SW LEJEUNE RD CORAL GABLES FL 33134		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 Sections 607 (9)(c) and 607-1508, Florida Statutes, the above-named corporation authorizes 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 11'	
TITLE	DPS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WILLIAM R JR	1. NAME	
STREET ADDRESS	1501 SW LEJEUNE RD	1. STREET ADDRESS	
CITY & STATE	CORAL GABLES FL	1. CITY & STATE	
TITLE	T	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, TERRY J	2. NAME	
STREET ADDRESS	1501 SW LEJEUNE RD	2. STREET ADDRESS	
CITY & STATE	CORAL GABLES FL	2. CITY & STATE	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and checked and agrees and consents to the information stated in this filing. I am familiar with and accept the obligations of Section 607-0505, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made in the state that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing and is accompanied by an address.

SIGNATURE: **TERRY J. FORMAN** 5/1/95 (305) 444-5724
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR