

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82933

(0)

129

1. Corporation Name

J & R AUTO WHOLESALE, INC.

Principal Place of Business

**2695 N.W. 31ST STREET, UNIT A & B
MIAMI FL 33142**

Mailing Address

**2695 N.W. 31ST STREET, UNIT A & B
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1991

3a. Date of Last Report

11/21/1994

4. FEI Number

65-0306738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

Zip Country

24 **25**

City & State

27

Zip Country

28 **29** **30**

9. Name and Address of Current Registered Agent

**MADRUGA, RAMON
226 WEST SAN MARINO DRIVE
MIAMI BEACH FL**

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 607.0502 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 and title if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **MADRUGA, IRENE**
STREET ADDRESS **226 WEST SAN MARINO DRIVE**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 **1** **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

2 **1** **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

3 **1** **TITLE**
3 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

4 **1** **TITLE**
4 **NAME**
4 **STREET ADDRESS**
4 **CITY - ST - ZIP**

5 **1** **TITLE**
5 **NAME**
5 **STREET ADDRESS**
5 **CITY - ST - ZIP**

6 **1** **TITLE**
6 **NAME**
6 **STREET ADDRESS**
6 **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 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 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 on an attachment with an address.

SIGNATURE: *X* *Madruga* *Irene Madruga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PST**

305-

Daytime Phone #