

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
1995 JUL 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S95684

(4)

1. Corporation Name

MEMBERS ONLY AUTO SALES INC.

Principal Place of Business

6913 NW 43RD ST.
MIAMI FL 33166
US

Mailing Address

6913 NW 43RD ST.
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1991

3a. Date of Last Report

07/11/1994

2. Principal Place of Business

21 7508 NW 55 ST.

2a. Mailing Address

26 7508 NW 55 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Miami, FL

City & State

28 Miami FL

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 USA

4. FEI Number

65-0287301

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

CLARO, EVELIO
4792 S.W. 75TH AVENUE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name CLARO, EVELIO
82 Street Address (P.O. Box Number is Not Acceptable)
7508 NW 55 ST.
83
84 City Miami FL 85 Zip Code 33166

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARO, CELAIDO
STREET ADDRESS	1855 S.W. 16 TERRACE
CITY - ST - ZIP	MIAMI FL 33145
TITLE	SD
NAME	CLARO, EVELIO
STREET ADDRESS	1855 S.W. 16 TERRACE
CITY - ST - ZIP	MIAMI FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	CLARO, CELAIDO	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	CLARO, EVELIO	
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 included in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/95

4779995

Date

Signature Number