FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98810** **(2)**

1. Corporation Name
TUTTOMOTO, INC.

Principal Place of Business	Mailing Address
7830 N.W. 57TH STREET MIAMI FL 33166 US	7830 N.W. 57TH STREET MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business 21: 7807 N.W. 57th Street	2a. Mailing Address 26: 7807 N.W. 57th Street	4. FEI Number: 65-0299623 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23: Miami, FL.	City & State 28: Miami, FL.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: 33166 County 25: USA	Zip 29: 33166 County 30: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

[redacted]
2250 S.W. 3RD AVE.
THIRD FLOOR
MIAMI FL 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	PT
NAME	SCALIA, SALVATORE	12 NAME	Scalia, Salvatore
STREET ADDRESS	13479 SW 62ND STREET # 1	13 STREET ADDRESS	3624 S.W. 16 Terrace
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL. 33145
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	DOMENECH, LUIS A	22 NAME	
STREET ADDRESS	3500 NW 16TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Luis Domenech 04/24/95 (305)411-9388
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103685 CR