

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S98810 (2)

1. Corporation Name

TUTTOMOTO, INC.



Principal Place of Business

7807 NW 57TH STREET
MIAMI FL 33166
US

Mailing Address

7807 NW 57TH STREET
MIAMI FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21 2279 N.W. 102 Place

26 2279 N.W. 102 Place

22 Suite, Apt. #, etc
Second Floor

27 Suite, Apt. #, etc
Second Floor

23 City & State
Miami, FL.

28 City & State
Miami, FL.

24 Zip
33192

25 Country
USA

29 Zip
33192

30 Country
USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/09/1991

3a. Date of Last Report
04/28/1995

4. FEI Number

65-0299623

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

10. Name and Address of New Registered Agent

JORGE H. RAMOS, P.A.
2250 S.W. 3RD AVE.
THIRD FLOOR
MIAMI FL 33129

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

Luis A. Domenech

(NOTE: Registered Agent signature required when reinstating)

DATE

05/02/96

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE
NAME SCALIA, SALVATORE
STREET ADDRESS 3624 SW 16 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE VS ☐ DELETE
NAME DOMENECH, LUIS A
STREET ADDRESS 3500 NW 16TH TERRACE
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☐ Change ☒ Addition
1.2 NAME Domenech, Luis A
1.3 STREET ADDRESS 3500 N.W. 16TH TERRACE
1.4 CITY-ST-ZIP MIAMI, FL. 33125

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Domenech

05/02/96

(305)411-9388

Date

Daytime Phone #

CR2E034 (12/95)