

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TERRILL B. MONTGOMERY  
GOVERNOR  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

05 MAY 11 AM '95

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V29038** (9)

LAZARO AUTO SALES INC.

Principal Office Address: **7215 W. 3 AVE. HIALEAH FL 33014**  
 Mailing Office: **7215 W. 3 AVE. HIALEAH FL 33014**

(Do not write in this space)

3. Date Incorporated or Qualified <b>04/16/1992</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. Fed Number <b>65-0328569</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 194, Fla. Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OCEJO, LAZARO B.</b> <b>7215 W. 3 AVE.</b> <b>HIALEAH FL 33014</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

11. Pursuant to the provisions of Sections 607.1509 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) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<b>PD</b>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>OCEJO, LAZARO B.</b>	13.2 NAME	
12.3 STREET ADDRESS	<b>7215 W. 3 AVE.</b>	13.3 STREET ADDRESS	
12.4 CITY & ZIP	<b>HIALEAH FL</b>	13.4 CITY & ZIP	
12.5 TITLE	<b>STD</b>	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<b>OCEJO, TERESITA</b>	13.6 NAME	
12.7 STREET ADDRESS	<b>7215 W. 3 AVE.</b>	13.7 STREET ADDRESS	
12.8 CITY & ZIP	<b>HIALEAH FL</b>	13.8 CITY & ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY & ZIP		13.12 CITY & ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY & ZIP		13.16 CITY & ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY & ZIP		13.20 CITY & ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191007, Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. That I am an officer or director of the corporation at the time of the filing of this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an alternate thereto.

SIGNATURE: *Teresita Ocejjo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER