

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V33083** (9)

1. Corporation Name  
**COLMEX USED CARS, INC.**



Principal Place of Business  
~~2740 ORA LOCKA BLVD.~~  
~~MIAMI FL~~

Mailing Address  
~~6341 SEDGEWYCK CIR. W.~~  
~~DAVIE FL 33331~~

3. Date Incorporated or Qualified  
**05/01/1992**

3a. Date of Last Report  
**08/09/1996**

2. Principal Place of Business  
21 **5960 N.W. 27 AVE.**

2a. Mailing Address  
26 **790 N.W. 72 ST.**

4. FEI Number  
**65-0351363**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 City & State  
**MIAMI, FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip  
**33142**

25 Country

29 Zip  
**33142**

30 Country

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  
~~**VERA, RODRIGO**~~  
~~**6341 SEDGEWYCK CIRCLE WEST**~~  
~~**DAVIE FL 33331**~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>VERA, RODRIGO</b>	
STREET ADDRESS	<b>6341 SEDGEWYCK CIRCLE WEST</b>	
CITY - ST - ZIP	<b>DAVIE FL 33331</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MESA, LUIS F</b>	
STREET ADDRESS	<b>8213 NW 201 TERR.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33189</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VERA, CLAUDIA</b>	
STREET ADDRESS	<b>6341 SEDGEWYCK CIRCLE WEST</b>	
CITY - ST - ZIP	<b>DAVIE FL 33331</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **RODRIGO VERA** 04-14-97 6941391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

CR2E034 (9/96)