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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** V47075 (9)

**FILED** Feb 12 1996 8:00 am Secretary of State

| CHAPIN AUTO SALES,         | CORP.           |  |
|----------------------------|-----------------|--|
|                            |                 |  |
| hindipal Place of Business | Mailing Address | b teett, erterr ander debri abrit 1000) mitr arbit åtbit åtbit åtbit 31011 åtbit 100 |

|                    | LOCKA BLVD.<br>Ka Fl 33054   | 15913 NW 45TH AV<br>OPALOCKA FL 3305        |                                    |  |   |  |
|--------------------|--|---|------------------------------------|--|---|--|
|                    |  |   |                                    | 3. Date Incorporated or Qualified 06/25/1992                 | 3a. Date of Last Report<br>04/11/1995   |  |
|                    | ace of Business  | 2a. Mailing Address                         |                                    | 4. FEI Number  | Applied For                             |  |
| [21]<br>Saite, Apt | t otr  | 26  |                                    | 65-0345980   | Not Applicable                          |  |
| 22                 |  | Suite, Apt. #, etc.                         |                                    | 5. Certificate of Status Desired                             | \$8.75 Additional Fee Required          |  |
| City & State       | e  | City & State                                |                                    | Election Campaign Financing     Trust Fund Contribution      | \$5.00 May Be<br>Added to Fees          |  |
| Zg1<br><b>24</b> ] | Country 25   | 7(p<br>[ <b>29</b> ]                        | Country<br>30                      | This corporation has liability for Florida Statutes      Yes | intangible tax under s 199.032,<br>□ No |  |
|                    | <ol><li>Name and Address of Cur</li></ol>                                      | rent Registered Agent                       |                                    | 10. Name and Address of New F                                | legistered Agent                        |  |
| RADD               | IOS DODA E   |   | 81 Nam                             | EDDY A. BA   | RRIOS                                   |  |
|                    | Barrios, dora e.<br>15913 NW 45TH Ave  |   |                                    | 82 Street Address (P.O. Box Number is Not Acceptable)        |   |  |
|                    | OCKA FL 33054  |   | 83                                 | 5913 NW 45 AVE   |   |  |
|                    |  |   | 01                                 | Palogia  |   |  |
|                    |  |   | 84 City                            | ••   | FL 85 Zip Code 33054                    |  |
| 11. Perseant t     | to the provisions of Sections 607.0  | 502 and 607.1508, Florida Statute           | s, the above named                 | corporation submits this statement for the pur               | coops of changing its registered office |  |
| familiar wit       | ea agent, or thath, in the state of F<br>th, and account the obligations of, 5 | എവരന 607.0505, Horida Statutes              |                                    | 's board of directors. Thereby accept the app                | 1                                       |  |
| SIGNATURE          | Signal tree replecting Strilled rights of rights and a                         | Just and the rapplicable Preside            | PAT E                              | ddy Barrios e requirement renstatogi                         | 2-5-96                                  |  |
| 12.                |  | AND DIRECTORS                               | 13.                                | ADDITIONS/CHANGES,TO OFF                                     | ICERS AND DIRECTORS IN 12               |  |
| 1.01               | PST  | ☐ DELETE                                    | 1 1 TITLE                          | EDDY A. BARRIO   | Change Addition                         |  |
| NAM:               | BARRIOS, DORA E.   |   | 12 NAME                            | EDDY A. BARRIO   | ا `                                     |  |
| SPREET ADDRESS     | 15913 NW 45TH AVE  |   | 1.3 STREET ADDRES                  |  |   |  |
| CATY ST ZIF        | OPALOCKA FL  |   | 1.4 City - \$1 - 71P               | OPabara Fl. 33   | 054                                     |  |
| 11ftF              |  | ☐ DELETE                                    | 2 1 TITLE                          |  | ☐ Change ☐ Addition                     |  |
| NAME               |  |   | 2 2 NAME                           |  |   |  |
| STREET ADDRESS     |  |   | 2 3 STREET ADDRES                  | S  |   |  |
| CON STIZE<br>THE   |  | DELETE                                      | 2 4 CITY - ST - ZIP                |  | F165 57 NHS                             |  |
| NAME               |  |   | 3 1 TITLE                          |  | Change Addition                         |  |
| STEEL LAUGHESS     |  |   | 3.2 NAME 3.3 STREET ADDRES         |  |   |  |
| CHY ST ZIF         |  |   |                                    | 9  |   |  |
| TILE               |  | DELETE                                      | 3.4 C(1Y - ST - 2(P)<br>4. 1 T(TLE |  | Change Addition                         |  |
| NAME               |  |   | 4.2 NAME                           |  | Circingo Circums                        |  |
| STREET ADDRESS     |  |   | 4.3 STREET ADDRESS                 | s  |   |  |
| CALY - ST - ZVE    |  |   | 4.4 CITY-ST-ZIP                    |  | ì                                       |  |
| 10: f              |  | ☐ DELETE                                    | 5 1 TillE                          |  | Change Addition                         |  |
| NAME               |  |   | 5 2 NAME                           |  |   |  |
| SUPEL LADDRESS     |  |   | 5.3 STREET ADDRESS                 | 5  |   |  |
| CHY-\$1-ZIP        |  |   | 5.4 CITY - ST - ZIP                |  |   |  |
| TIPLE              |  | DELFTE                                      | 6 1 TITLE                          |  | Change Addition                         |  |
| NAME               |  |   | 62 NAME                            |  |   |  |
| STREET ACORESS     |  |   | 63 STREET ADDRESS                  | 6  |   |  |
| C(1) Y - S1 - 7(P) |  |   | 64 CITY - ST - ZIP                 | 1  |   |  |
| 4.4 Loto bacaba    | e contituithat the information arrents   | and south this flux and continue the format | abad aad daaa aat -                | 16.4- 10   | 07/0/11 5                               |  |

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). Fronda 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 changes, to calculate 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

SIGNATURE: How Barne

Janus Dora BARRIOS 2-5-96 621-2772

B) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR