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

1995 MAR 20 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 48896

1. Corporation Name

Car Center of Miami, Corp.

Principal Place of Business / Mailing Address

2000 SW 57th Avenue
Miami, Florida 33155

200001436072
-03/22/95--01034--013
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07-07-92
3a. Date of Last Report: 04-01-94

2. Principal Place of Business
21 7300 SW 8th Street
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33144 Country 25 Dade

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0347538 — 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Gustavo Figueroa
82 Street Address (P.O. Box Number is Not Acceptable): 13306 SW 28th Street
83
84 City: Miami, FL 85 Zip: 33144

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] President — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	President ☒ Change ☐ Addition
NAME	Giselle Figueroa	12 NAME	Gustavo Figueroa
STREET ADDRESS	13306 S.W. 28th Street	13 STREET ADDRESS	13306 S.W. 28th Street
CITY-ST-ZIP	Miami, Florida 33144	14 CITY ST ZIP	Miami, Florida 33144
TITLE	Vice-President	21 TITLE	Vice-President ☒ Change ☐ Addition
NAME	Rosa Callava	22 NAME	Jorge L. Mesa
STREET ADDRESS	11121 S.W. 128th Avenue	23 STREET ADDRESS	9735 Fountainbleau Blvd. #306
CITY-ST-ZIP	Miami, Florida	24 CITY ST ZIP	Miami, Florida 33172
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	

TAW 3/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: [signature] Gustavo Figueroa Feb 23, 1995
MANDATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

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Secretary of State
DIVISION OF CORPORATIONS

FILED ... FLORIDA

700001441707
-03/20/95--01092--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V49698 (6)

1. Corporation Name
JOMA Investments, Inc.

Principal Place of Business
717 East Oak Street
Kissimmee, FL 34744

Mailing Address
717 East Oak Street
Kissimmee, FL 34744

3. Date Incorporated or Qualified: 07/09/1992

3a. Date of Last Report:

4. FEI Number: 59-3139405 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

Harry J. Swart, CPA
717 East Oak Street
Kissimmee, FL 34744

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

12. OFFICERS AND DIRECTORS

TITLE	D/P/S
NAME	John Maundrell
STREET ADDRESS	717 East Oak Street
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
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	3/24/95 MSt	☐ 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)(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: [signature] 20.3.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date