FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V58454** **(2)**

1. Corporation Name

ELITE AUTOCRAFT CENTER OF FLORIDA INC.

Principal Place of Business	Mailing Address
4672 S. US 1 FT. PIERCE FL 34982 US	P. O. BOX 12682 FT. PIERCE FL 34979 US

3. Date Incorporated or Qualified: **08/18/1992**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **65-0386521** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 8800 SW 81 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI FL.
Zip 24 / Country 25	Zip 29 33156 / Country 30 OAOR

9. Name and Address of Current Registered Agent

MONTALVO, OMAR J
2383 FLAMINGO DR.
APT. 4
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent

81 Name: OMAR MONTALVO JR.
82 Street Address (P.O. Box Number is Not Acceptable): 8800 SW 81 AVE
83
84 City: MIAMI FL 85 Zip Code: 33156

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] OMAR MONTALVO JR. SEC. DATE: 1/23/96
(Signature of New Registered Agent, if changing) (Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MONTALVO, RICARDO		12 NAME		
STREET ADDRESS	494 ATLANTIC ST.		13 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MONTALVO, OMAR JR.		22 NAME		
STREET ADDRESS	2383 FLAMINGO DR., APT. 4		23 STREET ADDRESS	8800 SW 81 AVE	
CITY-ST-ZIP	MIAMI BCH. FL		24 CITY-ST-ZIP	MIAMI FL 33156	1
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MONTALVO, RICARDO		32 NAME		
STREET ADDRESS	494 ATLANTIC ST.		33 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		34 CITY-ST-ZIP		1
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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] OMAR MONTALVO JR. SEC. 1/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #) [redacted]