

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 193775

**Entity Name:** SOUTH MOTOR COMPANY OF DADE COUNTY

**Current Principal Place of Business:**

16165 S DIXIE HWY  
MIAMI, FL 33157

**FILED**  
**May 15, 2018**  
**Secretary of State**  
**CC4670145229**

**Current Mailing Address:**

16165 S DIXIE HWY  
MIAMI, FL 33157

**FEI Number: 59-0788556**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMACHO, CESAR  
1801 SW 1ST ST  
ATTN: LEGAL DEPT  
MIAMI, FL 33135 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	CHARIFF, JACQUELINE	Name	HOFFMAN, LARRY J
Address	16165 S DIXIE HWY	Address	333 SE 2ND AVENUE
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33131
Title	CFO, ASST. SECRETARY	Title	VP
Name	CASTILLO, OMAR	Name	VILLAMANAN, MANUEL
Address	16165 S DIXIE HWY	Address	16165 S. DIXIE HWY
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157
Title	DIRECTOR, CEO, PRESIDENT	Title	VP
Name	CHARIFF, JONATHAN	Name	LUJAN, RICARDO
Address	16165 S DIXIE HIGHWAY	Address	16165 S DIXIE HWY
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157
Title	ASST. SECRETARY		
Name	CAMACHO, CESAR ESQ.		
Address	16165 S DIXIE HWY		
City-State-Zip:	MIAMI FL 33157		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: OMAR CASTILLO**

**CFO**

**05/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date