

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090666 (6)**

1. Corporation Name
I-95 AUTO SALES, INC.



Principal Place of Business: **8028 NW 6TH CT. MIAMI FL 33150**
Mailing Address: **8028 NW 6TH CT. MIAMI FL 33150**

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

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

3. Date Incorporated or Qualified: **12/14/1994**
3a. Date of Last Report: **03/10/1995**
4. FET Number: **65-0545886**
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

**VALDES, LAZARO O
8028 NW 6TH CT.
MIAMI FL 33150**

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
FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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, Sections 607.0605, Florida Statutes.

SIGNATURE: _____ (DATE: _____)
I, the undersigned, being a duly qualified and authorized officer or director of the corporation, do hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: D VALDES, LAZARO O	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
STREET ADDRESS: 16915 NE 4TH PLACE		2. NAME: _____	
CITY, STATE, ZIP: NORTH MIAMI BEACH FL 33182		3. STREET ADDRESS: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME: _____		5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
STREET ADDRESS: _____		6. NAME: _____	
CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE	7. STREET ADDRESS: _____	
TITLE: _____		8. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME: _____		9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
STREET ADDRESS: _____		10. NAME: _____	
CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE	11. STREET ADDRESS: _____	
TITLE: _____		12. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME: _____		13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
STREET ADDRESS: _____		14. NAME: _____	
CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE	15. STREET ADDRESS: _____	
TITLE: _____		16. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME: _____		17. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
STREET ADDRESS: _____		18. NAME: _____	
CITY, STATE, ZIP: _____		19. STREET ADDRESS: _____	
TITLE: _____		20. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/In

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)(g), Florida Statutes. I further certify that the information indicates I am the officer or director 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 or 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 in an attachment with an address.

SIGNATURE:

Lazaro O. Valdes **LAZARO VALDES 113196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)