lied For Applicable

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F23182

Corporation Name BAYAMO RADIATOR											
Principal Place of Business		Mailing Address					1 1961165 Ave 11995 (1191 1136) (91/6 1191 919				
5131 E TEN'H AVE HIALEAH FL 33013		5131 E TENTH AVE HIALEAH FL 33013					DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed 02/20/1981				
2. Principa Place of Business		2a. Mailing Address				4.	. FEI Number		Applied For		
21		26				ot	59-2065199		Not Applicat		
Suite, Apt. #, etc.	-	Suite, Apt. #, etc.				5.	. Certifcate of Status Desired		. 75 Additional ee Recuired		
City & State		City & State			·	6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be		
Zip	Country	Zip 29	Co.	intry		8.	This corporation owes the current year Personal Property Tax.	Intangible			
	Address of Current R		30	1		10.	Name and Address of New Registere	<u> </u>			
		, 		81	Name						
MARTINEZ, JOSE RAMON 5125 3 10TH AVENUE				82	Street Acdre	reet Acdress (P.O. Box Number is Not Acceptable)					
SUITE 104 HIALEAH FL 33013	,			83	·						
				84	City		F		Zip Code		
office or registered agent, agent, am familiar with, a	or both in the State of F	Florida Such change was	authorized	1 bv i	tne corpore <u>tto</u>	n's b	on submits this statement for the purpose loard of cirectors. I hereby accept the app	of changi pointment	ng its registere as registered		
SIGNATURE		d star if applicable	45 IV	2.4	signature require	///	m (3/Aluxu DATE	,'-','			

SIGNATURE		1872 K	tried when reinstating)	419/19/7	\
			ured when reinstating)	DATE /	C (1) 42
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PVS DELETE	1.1 TITLE		☐ Change	Addition
NAME	MARTINEZ, JOSE R	1.2 NAME			
STREET ADDRE 3S	5131 E TENTH AVE	1.3 STREET ADDRESS			l
CITY-ST-ZIP	HIALEAH, FL 00000	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRE 3S		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			İ
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			•
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 εxecute 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 attach next with an address, with all other like empowered.

SIGNATURE: NATURE AND TYPE