## FILE NOW FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT能 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H90129

GONZALEZ AUTO CENTER, INC.

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90008 027 \*\*\*150.00



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	ce of Business	<b>***</b>		ailing Address			•		
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HOMESTEAD FL 33030 HOMESTEAD FL 33030						DO NOT WRITE IN THIS SPACE		CE	
		24.00 24.00					DO NOT WRITE IN THIS SPAI	ŲE.	
		1779 1873					3. Date Incorporated or Qualified	•	
	200	25.40	_		*****		12/17/1985	T	
2. Principal F	Place of Busin	ess.	2a.	Mailing Address			4. FEI Number	Applied For	
21	• 🕺	94173	26				59-2621240	Not Applicable	
Suite, Apt.	. #, etc. 🏻 🎇			Suite, Apt. #, etc.				3.75 Additional	
22	9.3	75.51 75.51	27				3. Controdic of Californico	Fee Required	
-City & Sta	te			City & State		<del></del>	-6;-Election Campaign Financing -	<b>5.00</b> May Be	
23	28							Added to Fees	
Zip	Country Zip Country					8. This corporation owes the current year Intangib	le		
24	<u>*</u>	25	29	— · — —			Personal Property Tax.    Yes □No		
	-24	and Address of Cu		tered Agent			10. Name and Address of New Registered Agen	t	
	hw.	7. (7.1) Y L	_1 - k			81 Name	· · · · · · · · · · · · · · · · · · ·		
JOR	rdañ, Jenn	FER J.							
	NORTH KR					Street Address (P.O. Box Number is Not Acceptable)			
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	"LO, L. D, "					03			
•		rights Boles				84 City	<b>=</b> 85	Zip Code	
	i	70 pa 4 50 cm				,	<u> </u>		
11. Pursuant	t to the provisi	ons of Sections 607	.0502 and 6	07.1508, Florida Stati	utes, the a	oove-named cor	poration submits this statement for the purpose of change	ging its registered	
agent La	registered age am familiar wit	nt, or both, in the S h and accept the o	tate of Florional bligations of	ia. Such change was , Section 607.0505, Fl	autnorized Iorida Stati	by the corpora	tion's board of directors. I hereby accept the appointmen	it as registered	
4	• **	17 Tr	! !	,		· ·			
SIGNATURE		or printed name of registere	d agent and title i	if applicable. (NO)	TE: Registered	Agent signature requi	red when reinstating). AND DATE	<del></del>	
12.		<del> </del>	S AND DIRE	<del></del>	<b>1</b> 13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12	
TITLE	PD			☐ DELETE	1.1 Til	ue		hange	
NAME	( -	Z, FRANCISCO				. 1			
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	MIAMI FL VP GONZALE	z, jose		☐ DELETE	1.3 ST 1.4 CF	Y-ST-ZIP		hange	
TITLE	MIAMI FL VP GONZALE	z, jose		☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA	Y-ST-ZIP		hange Addition	
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 an an attachment with an address, with all ther like empowered.