

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90083 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06731

1. Corporation Name
HAMMOCKS AUTO TAG AGENCY, INC.

Principal Place of Business 10201 HAMMOCKS BLVD MIAMI FL 33196-2602	Mailing Address 10201 HAMMOCKS BLVD MIAMI FL 33196-2602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0143657	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PAULINO, ESPINEL
14936 SW 104 ST, UNIT #20
MIAMI FL 33196

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

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CRUCET, ANA F	
STREET ADDRESS	2785 NW 5 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ESPINEL, PAULINO III	
STREET ADDRESS	14936 SW 104 ST #20	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTINEZ, JESUS P	
STREET ADDRESS	14936 SW 104 ST #20	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ESPINEL, PAULINO SR	
STREET ADDRESS	14936 SW 104TH ST UNIT 20	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL ESPINEL	
1.3 STREET ADDRESS	14936 SW 104 ST #20	
1.4 CITY-ST-ZIP	MIAMI FL 33196	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1/12/99** DAYTIME PHONE #: **305 3885791**

CR2E034 (1/98)