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Mar 03, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000074994

1. Corporation Name
AUTOLOAN U.S.A. INC.



Principal Place of Business Mailing Address
736 EAST 10TH STREET 736 EAST 10TH STREET
HIACLEAH FL 33012 HIACLEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 20 W. 49th Street 26 20 W. 49th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Bldg. A 27 Bldg. A
 City & State City & State
23 Hialeah, FL 28 Hialeah, FL
 Zip Country Zip Country
24 33012 25 U.S.A. 29 33012 30 U.S.A.

3. Date Incorporated or Qualified
09/28/1995
 4. FEI Number Applied For
65-0610091 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required
 6. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees
 8. This corporation owes the current year Intangible
 Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

RAIJMAN, MILTON
736 EAST 10TH STREET
HIACLEAH FL 33012

10. Name and Address of New Registered Agent

81 Name **RAIJMAN, MILTON**
 82 Street Address (P.O. Box Number is Not Acceptable)
20 W. 49th Street, Bldg. A
 83
 84 City **Hialeah,** **FL** 85 Zip Code **33012**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-AGUIAR, HENRY	1.2 NAME	LOPEZ-AGUIAR, HENRY
STREET ADDRESS	736 EAST 10TH ST.	1.3 STREET ADDRESS	20 W. 49th Street, Bldg. A
CITY-ST-ZIP	HIACLEAH FL	1.4 CITY-ST-ZIP	HIACLEAH, FL 33012
TITLE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIJMAN, MILTON	2.2 NAME	RAIJMAN, MILTON
STREET ADDRESS	736 EAST 10TH ST.	2.3 STREET ADDRESS	20 W. 49th Street, Bldg. A
CITY-ST-ZIP	HIACLEAH FL	2.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIJMAN, ISAAC	3.2 NAME	RAIJMAN, ISAAC
STREET ADDRESS	736 EAST 10TH STREET	3.3 STREET ADDRESS	20 W. 49th Street, Bldg. A
CITY-ST-ZIP	HIACLEAH FL 33012	3.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, GEORGE A	4.2 NAME	VAZQUEZ, GEORGE A.
STREET ADDRESS	736 EAST 10TH STREET	4.3 STREET ADDRESS	20 W. 49th Street, Bldg. A
CITY-ST-ZIP	HIACLEAH FL 33012	4.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-CANTERA, AMADA	5.2 NAME	LOPEZ-CANTERA, AMADA
STREET ADDRESS	736 EAST 10TH ST	5.3 STREET ADDRESS	20 W. 49th Street, Bldg. A
CITY-ST-ZIP	HIACLEAH FL	5.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: MILTON RAIJMAN 1205 2-15-99 (305) 828-2274
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)