**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000021407

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90066 009 \*\*\*150.00

BLITZ WHEELS & ACCESSORIES, INC.										
								\$ <b>6 6</b> 1 1 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6		
Principal Place of Business Mailing Address										
4195 S.W. 137TH AVE. 4195 S.W. 137TH AVE.										
SUITE 01 SUITE 01 MIAMI FL 33175 MIAMI FL 33175							DO NOT WRITE IN THIS SPACE			
MIRMI FE 33173						3. Date Incorporated or Qualifed				
						03/07/1997			{	
2. Principal Pl	ace of Business	2a. Mailin	g Address			4. FEI Number		Ar	plied For	
21		26	-			65-0737154		No	t Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Sta	tus Desired	<b>\$8.75</b> Fee Re	1	
22 City 9 Start		27 City 8	State		<del></del>	a Fleeties Compa	icá Cinoncina		<del></del>	
City & State		28 Zity 8				Trust Fund Conf	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country Zip Co			Country	g, this corporation areas and serious years and					
24	- 25	29	30			Personal Proper		Yes	□No	
	<ol><li>Name and Address of Curre</li></ol>	nt Registered	Agent		1	10. Name and Add	ress of New Regis	tered Agent		
14110	CHERA FRANCE			81	Name	CIQUERA.	EDWAR	D PA	}	
VINCIGUERA, EDWARD A				82		dress (P.O. Box Number	is Not Acceptable)			
4195 S.W. 137TH AVE.										
SUITE 01				83	1					
MIAMI FL 33175				84	City	<del></del>		85 Zip	Code	
•					,			FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Statutes,	the above	e-named co	proporation submits this sta	tement for the purp	ose of changing its	registered	
office or r	egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida Suc	n change was autho	orizea ov	tne corpora	ation's board of directors.	i nereby accept the	арронинент аз те	gistered	
(	Value It 1141110	P					02	-22-99 ATE	` [	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicat	le. (NOTE: Re	gistered Ager	nt signature requ	ulred when reinstating)	D	ATE		
12.	ØFFICERS A	ND DIRECTOR		13.		ADDITIONS/CHA	ANGES TO OFFICE			
TITLE	D		☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	VINCIQUERA, EDWARD A		•	1.2 NAME						
STREET ADDRESS	4195 S.W. 137TH AVE., SUITE	01		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33175			1.4 CITY- S	T-ZIP				<u></u>	
TITLE	D		☐ DELETE	2.1 TITLE				☐ Change	Addition )	
NAME	MARQUEZ, MICHELLE J			2.2 NAME					1	
STREET ADDRESS	4195 S.W. 137TH AVE., SUITE	E 01		2.3 STREE	TADORESS				ļ	
C/TY-ST-Z/P	MIAMI FL 33175			2. 4 CITY-S	ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME -	: · · · · · · ·	-		3.2 NAME		. · .		errage sensoring		
STREET ADDRESS				3.3 STREE	TADDRESS				\	
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP				1	
TITLE			DELETE	4.1 TITLE	· ·		-	☐ Change	☐ Addition	
NAME				4. 2 NAME					1	
STREET ADDRESS					TADDRESS				1	
CITY-ST-ZIP			j	4.4 CITY-S	1					
TITLE	<u> </u>		DELETE -	5.1 TITLE				Change	☐ Addition	
				5.2 NAME	-					
NAME					T ADDRESS					
STREET ADDRESS				5.4 CITY-S						

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

uke required

DELETE

02-22-99

305-178-1222

☐ Change

Addition