

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90291 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000061966

1. Corporation Name
COLON RAMIREZ AUTO SALES, INC.

Principal Place of Business Mailing Address
 1043-A S. ORANGE BLOSSOM TRAIL 1043-A S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805 ORLANDO FL 32805



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1998

4. FEI Number
59-3524600

5. Certificate of Status Desired Applied For
 Not Applicable
\$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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

COLON, JOSE L
 1043-A S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D COLON, JOSE L**

STREET ADDRESS **4900 S. ORANGE BLOSSOM TRAIL**

CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE DELETE

NAME **D RAMIREZ, LESTER M**

STREET ADDRESS **1537 WOOD VIOLET DRIVE**

CITY-ST-ZIP **ORLANDO FL 32824**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **P JOSE L. COLON**

1.3 STREET ADDRESS **4900 S. ORANGE BLOSSOM TRAIL**

1.4 CITY-ST-ZIP **KISSIMMEE, FL 34758**

2.1 TITLE Change Addition

2.2 NAME **V LESTER M. RAMIREZ**

2.3 STREET ADDRESS **2203 WYNDAM WAY**

2.4 CITY-ST-ZIP **KISSIMMEE, FL 34743**

3.1 TITLE Change Addition

3.2 NAME **S NELSON COLON**

3.3 STREET ADDRESS **514 WECHSLER CR.**

3.4 CITY-ST-ZIP **ORLANDO, FL 32824**

4.1 TITLE Change Addition

4.2 NAME **T AMILCAR RAMIREZ**

4.3 STREET ADDRESS **2203 WYNDAM WAY**

4.4 CITY-ST-ZIP **KISSIMMEE, FL 34743**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 407-870-9874
 Date Daytime Phone #

CR2E034 (1/98)