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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 258519

1. Corporation Name

MASTER SEAT COVERS INC

Deinainal Diaa	o of Ducinose	Mailing Address	····					
1125 N W 36TH ST 1125 N W 36TH ST								
MIAMI FL 3312	7	MIAMI FL 33127			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/01/1952			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For	
21		26	26		59-0969805	N	ot Applicable	
	#, etc	Suite, Apt. #, etc.		·	5. Certifcate of Status Desired	•	Additional equired	
City & State		City & State	<u>⊢</u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No	
,	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Aģent		
				81 Name				
	DES, JOSE I			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
1011 SW 87TH CT								
MIA	VII FL 33127			83				
				84 City	F	L 85 Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	authorized	t by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	of changing its pointment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable (NO)	E: Registered	Agent signature require	d when reinstating) DATE			<u> </u>
12.		AND DIRECTORS	13.	. rigorit organica i orquita	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	(11/98)
TITLE	PD		1.1 TI	TLE		☐ Change	Addition	11
NAME	VALDES, JOSE I	1.2 NA		AME				
STREET ADDRESS	40.4 014 0-71 07		1.3 \$1	REET ADORESS				R2E034
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CI ⁷		TY-ST-ZIP				R 2
TITLE	VPDT	☐ DELETE 2.1 TIT		TLE		☐ Change	Addition	ပ
NAME	VALDES, ANA C		2.2 N	AME			j	
STREET ADDRESS	1011 001 00		2.3 ST	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.40	ITY-ST-ZIP				
TITLE	SD	☐ DELETE	3.1 TI	ILE .		☐ Change	☐ Addition	
NAME	PEREZ, MARIANELA		3.2 N	AME			i	
STREET ADDRESS	ACAD CHI AATH OT		3.3 \$	TREET ADORESS				
CITY-ST-ZIP	MIAMI FL		3.4. C	/TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE	· -	Change	Addition	
NAME			4.2 N	AME			Į	
STREET ADDRESS			4.3 S	REET ADDRESS				
CITY-ST-ZIP			4.4 C	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change	Addition	
NAME			5.2 N	AME				
STREET ADORESS			5.3 S	TREET ADORESS			Į	
CITY-ST-ZIP		_	5.4 C	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE .		☐ Change	Addition	
NAME			6.2 N	AME			•	
etheet annoese			6.3 S	REET ADDRESS				

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 allachment with an aduress, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND THE OR MINTED NAME OF SIGNING OFFICE

May 07, 1999 8:00 am Secretary of State

05-07-1999 90130 023 ***150.00

i kansın isəni akını akını bişək dirak ildir əsəkə bidir əsəkə bidir əkəli əkəli əkəli əkəli əkəli əkəli əkəli

= 11.

■2.