


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **512613** (1)
 1. Corporation Name
MIRANDA AUTO SALES, INC.



Principal Place of Business: 600 SOUTH STATE ROAD 7, PLANTATION FL 33317
 Mailing Address: 600 SOUTH STATE ROAD 7, PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1976

2. Principal Place of Business: 21 **5900 SW 42 PL**
 2a. Mailing Address: 26 **5900 SW 42 PL**

4. FEI Number: **59-1708733**
 Applied For: Not Applicable:

Suite, Apt. #, etc.: 22 **Bay #5**
 Suite, Apt. #, etc.: 27 **Bay #5**

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

City & State: 23 **DAVIE, FL**
 City & State: 28 **DAVIE, FL**

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

Zip: 24 **33314** Country: 25 **BROWARD**
 Zip: 29 **33314** Country: 30 **BROWARD**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MIRANDA, JOSE
600 SOUTH STATE ROAD 7
PLANTATION FL 33317

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **5900 SW 42 PL**
 83 **Bay #5**
 84 City: **DAVIE, FL** 85 Zip Code: **33314**

11. Pursuant to the provisions of Sections 607.0702 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]* DATE: **1-12-98**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MIRANDA, JOSE	
STREET ADDRESS	600 SOUTH STATE ROAD 7	
CITY-ST-ZIP	PLANTATION, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 by an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-12-98** (954) 792-3233

CR2E034 (10/97)