


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE: 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT # 512613 Corporation Name MIRANDA, AUTO SALES, INC.		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

Shaw FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 10:47



Principal Place of Business 50 SW 42 PL DAY 5 DAVE FL 33314	Mailing Address 5900 SW 42 PL BAY 5 DAVE FL 33314 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/17/1976	4. FEI Number 59-1708733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MIRANDA, JOSE 5900 SW 42 PL BAY 5 DAVE FL 33314

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PTD MIRANDA, JOSE 600 SOUTH STATE ROAD 7 PLANTATION, FL 0	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003029156 -10/29/99--01054--008 ****550.00 ****550.00
2. NAME	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Dd Bg ck # 509/2
5. NAME	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of signing officer or director)

MIRANDA AUTO SALES, INC
5900 SW 42ND PLACE
BAY#5
DAVIE, FL 33314
954-792-3233

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: DOCUMENT # 512613
ANNUAL REPORT CORPORATION-FEI NUMBER 59-1708733

OCTOBER 14, 1999

DEAR SIR OR MADAM:

THIS LETTER IS REGARDING PAYMENT FOR OUR CORPORATION RENEWAL. WE SENT YOU A CHECK ON 7/28/99 WITH RENEWAL FORM, HOWEVER IT SEEMS IT GOT LOST IN MAIL. ENCLOSED FIND CHECK STUB AND COPY OF BILL.

I AM SENDING YOU A NEW CHECK BECAUSE YOU SENT US A NOTICE THAT YOU NEVER RECEIVED THE OTHER CHECK. IF YOU RECEIVE THE FIRST CHECK PLEASE WRITE VOID AND RETURN TO US I WILL PUT STOP PAYMENT OF FIRST CHECK NUMBER 5042. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT 954-792-3233 OR 954-830-0314.

SINCERELY,

Dora A Miranda
DORA A MIRANDA
OFFICE MANAGER