

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 512613
 Corporation Name
MIRANDA, AUTO SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 30 SW 42 PL 5900 SW 42 PL
 DAVIE FL 33314 BAY 5
 DAVIE FL 33314 US

3. Date Incorporated or Qualified
09/17/1976
 4. FEI Number
59-1708733 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property. Yes No

Principal Place of Business: 2a. Mailing Address
 Suite, Apt. #: etc. 27. Suite, Apt. #: etc.
 City & State 28. City & State
 Zip 29. Zip Country 30. Country

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

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

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	
PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MIRANDA, JOSE		1.2 NAME	600003029156
600 SOUTH STATE ROAD 7		1.3 STREET ADDRESS	-10/29/99--01054--008
PLANTATION, FL 0		1.4 CITY-ST-ZIP	***550.00 ***550.
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	Jd Bg ck #
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	5092
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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: *Jose A. Miranda* DATE: **10/27/99** 654 79923233
(Signature, typed or printed name of signing officer or director Date Daytime Phone #)

CDB001 (5/99)

AD

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
OFFICE MANAGER