

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90117 017 ***150.00

DOCUMENT # 528538

1. Corporation Name

MIAMI SHORES AUTO CENTER, INC.

Principal Place of Business

9734 N. E. 2ND AVENUE
440 GRAND CON COURSE
MIAMI SHORES FL 33138
US

Mailing Address

9734 N. E. 2ND AVENUE
440 GRAND CON COURSE
MIAMI SHORES FL 33138
US

2. Principal Place of Business

21 440 Grand Concourse
Suite, Apt. #, etc.

22

City & State

23 Miami Shores, FL

Zip Country

24 33138 25 US

2a. Mailing Address

26 440 Grand Concourse
Suite, Apt. #, etc.

27

City & State

28 Miami Shores FL

Zip Country

29 33138 30 US

9. Name and Address of Current Registered Agent

SMITH, SHELDON JR.
440 GRAND CON COURSE
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1977

4. FEI Number

59-1725119

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 Tax. ☐ Yes ☒ No

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

4/17/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMITH JR, SHELDON
STREET ADDRESS 440 GRAND CONCOURSE
CITY-ST-ZIP MIAMI SHORES, FL 00000

TITLE S ☐ DELETE

NAME SMITH, SHIRLEY C.
STREET ADDRESS 440 GRAND CONCOURSE
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

Shirley C. Smith
Shirley C. Smith
Shirley C. Smith

4/17/99

(305)

751-1362

Date

Daytime Phone #

CR2E034 (1/1/98)