**FILED** 

Mar 04, 1999 8:00 am Secretary of State

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## 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 # 592391

1. Corporation Name

BUMPER TO BUMPER, INC.

Principal Place of Business Mailing Address							-	
7801 NW 62ND ST			7801 NW 62ND ST					
MIAMI FL 33166			MIAMI FL 33166				DO NOT WRITE IN THIS SPACE	
US			US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
						11/06/1978		
2. Principal Place of Business 2a. Mailing			Mailing Address	ing Address			4. FEI Number Applied For	
21			26				59-1863085 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Contiferate of Status Desired - \$8.75 Additional	
22		27					Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	71-a	Country			Trust Fund Contribution Added to Fees	
Zip Country 25			<b></b>				8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre	29 nt Registe		30			10. Name and Address of New Registered Agent	
81 Name								
ALAMO, PAUL R				82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	
	N BAY RD		<u></u>			eet Addie	iss (1.0. Box (4th iss in 1101/1000) in 1101/1000)	
MAIM	AI BEACH FL 33140							
				84	Cit	у	FL 85 Zip Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida	. Such change was at	uthorized by	the c	corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ag		<del></del>	<u></u>	nt signa	ture required	when reinstating)  DATE  ASSUTION COLLANGED TO OFFICE DO AND SUPECTORS IN 13	
12.				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP Alamo, Paul R.				1.2 NAME		· ·	
NAME STREET ADDRESS	3140 N BAY RD			1.3 STREET	r adde	ESS	•	
CITY-ST-ZIP	MIAMI BEACH FL	· ·			T-ZIP			
TITLE	ST			2.1 TITLE			☐ Change ☐ Addition	
NAME	DEL VALLE, EDUARDO			2.2 NAME				
STREET ADDRESS				2.3 STREET	TADOF	ESS		
CITY-ST-ZIP	FT LAUDERDALE FL	_		2. 4 CITY-S	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE		ł	Change Addition	
NAME				3.2 NAME				
STREET ADDRESS				3 3 STREET		RESS		
CITY-ST-ZIP		<del>_</del>	□ DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP		Change Addition	
TITLE				4.1 MAME				
NAME STREET ADDRESS				4.3 STREE	T ADOF	ESS		
CITY-ST-ZIP				4.4 CITY- S				
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	TADDE	RESS		
CITY-ST-ZIP		_		5.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREE	TADOF	ESS	•	

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 supplieriental 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 the address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR