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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

. Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 646160

(2)

Mailing Address

DE LUXE AUTO SALES, INC.

FILED	
Jul 18 1997 8:0	0am
Secretary of S	tate

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SOUDS 8 DIXIE HWY HOMESTEAD FL 33033-3203		HOMESTEAD FL 33033-3203						
		US		3. Date Incorporate 11/20/1979	ed or Qualified	3a. Date of Last 03/18/1996	Report	
2. Principal Pl	ace of Business	2a. Mailing Address	28. Mailing Address				Applied For	
21		26	26			1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		itus Desired	\$8.75 Additional Fee Required		
City & State	)	City & State	<del></del>	6. Election Campai	gn Financing	\$5.0	May Be	
23		28			ribution			
Zip	Country	Zip	<u> </u>	Country 8. This corporation has liability for intangible tax under			s. 199.032,	
24	[25]	29	30	Florida Statutes V Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Hegistered Agent	81 Na	10. Name and Add	ess of New Het	Jistereo Agent		
	EDO, TONY COLON	•						
	5 \$ DIXIE HWY		<b>82</b> Stre	Address (P.O. Box Number	is Not Acceptabl	le)		
HOM	IESTEAD FL 33030		83		<del></del>			
			84 City			FL 85 Z	o Code	
44 Purcuant	to the provisions of Sections 607.050	22 and 607 1508 Florida Statu	tes the above-par	corporation submits this sta	tement for the n		its registered	
office or re agent. I ar	o the provisions of Sections 607.05 ogistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida Such change was ations of, Section 607.0505, Fl	authorized by the orida Statutes.	poration's board of directors	. I hereby accep	t the appointment a	is registered	
SIGNATURE	Signature, typed or printed name of rugistered ag	iont and little if applicable (NO	TE Registered Agent's go	required when reinstating)		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	SOTO, ANTONIO COLON		1.2 NAME					
STREET ADDRESS	BUZON #2, BARRIO LARES		1.3 STREET ADDRE					
CITY-ST-ZIP	PUERTO RICO 00669		1.4 CITY - ST - 7)P			0	Addition	
TITLE	8	☐ DELET <b>E</b>	21 TITLE			Change		
NAME	RIZZETTO, ELIZABETH		2.2 NAME					
STREET ADDRESS	20400 SW 144TH AVENUE		2 3 STREET ADDRE					
CITY-ST-ZIP	HOMESTEAD FL	DELETE	2. 4 C(1Y-S) - 7/P			Change	Addition	
TITLE	PD TOUR TOUR COLON		32 NAME			спанус	,	
NAME OTOECT ADODEOS	TOLEDO, TONY COLON 30005 S DIXIE HWY		3 3 STREET ADDRE					
STREET ADDRESS	HOMESTEAD FL		34. CITY-ST-ZiP					
CHY-\$T-ZIP TITLE	HOWESTERN LF	DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME			-		
STREET ADDRESS			4.3 STREET ADDRE					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRE					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRE					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

14. I do 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.

Part 7//-077