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 # F08364

1. Corporation Name

D & D AUTOMOTIVE, INC.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90053 045 ***150.00



						ii) Ribii Oloii O	LUAT UISIA BUUK
Principal Place of Business Mailing Address							
16830 S.W. 96TH COURT MIAMI FL 33157		16830 S.W. 96TH COURT MIAMI FL 33157		DO NOT WRITE IN THIS S	PACE		
						PACE	
					3. Date Incorporated or Qualifed 12/09/1980		
Principal Place of Business 2a. Mailing Address				4. FEI Number	Ар	plied For	
21	1				59-2046882	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added t	
Zip	Country Zip		Count	y	8. This corporation owes the current year Inta	ngjble	
24	25	29	30		Personal Property Tax.	XÎYes	□No
	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registered A	gent	
			8	1 Name			
DUR	rrenmentt, fritz		L				
9981 SW 165 TERRACE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33157			8	3			
			8	4 City	FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 050	22 and 607 1508. Florida Statutes	the abo	ve-named cor	rnoration submits this statement for the ournose of o	hanging its	registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut	thorized b	y the corpora	tion's board of directors. I hereby accept the appoin	tment as re	gistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent signature requi	ired when reinstating) DATE	DIRECTO	DS IN 12
12.	···	ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE	l		Cilaride	
NAME	DURRENMENTT, FRITZ		1.2 NAME				
STREET ADDRESS	9931 SW 165TH TERRACE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE			Change	☐ Addition {
NAME.	MOREAU, JACQUES		2.2 NAME	:	t.		[
STREET ADDRESS	9400 SW 181 ST		2.3 STRE	ET ADDRESS	and the second second		_,
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	· ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	.			
STREET ADDRESS			ı	ET ADDRESS			
	1		3.4. CITY				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	Addition
TITLE			4.1 MAM				
NAME							İ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY			Change	Addition
TITLE		☐ DELETE	5.1 TITLE	ì		□ Mande	
NAME			5.2 NAME				{
STREET ADDRESS	;[
CITY-ST-ZIP				ETADDRESS			ł
OFFI OF ES			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE	ST-ZIP		☐ Change	☐ Addition
		☐ DELETE	5.4 CITY	ST-ZIP		Change	☐ Addition
TITLE		☐ OELETE	5.4 CITY- 6.1 TITLE 6.2 NAM	ST-ZIP		Change	☐ Addition

14. Il 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: