

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47656 (6)

1. Corporation Name
MESA AUTO SALES, CORP.



Principal Place of Business: 9191 NW 96 ST. MIAMI FL 33155

Mailing Address: 6500 SW 67 AVE. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2701 Lejune Rd. Suite 345 Coral Gables FL 33134

2a. Mailing Address: 2701 Lejune Rd. Suite 345 Coral Gables FL 33134

23. City & State: Coral Gables FL

24. Zip: 33134 25. Country: U.S.A.

3. Date Incorporated or Qualified: 10/07/1981

4. FEI Number: 59-2129994

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: DE OLIVEIRA, CRISTINA ESQ. 2701 LE JEUNE RD., STE. 350 MIAMI FL 33143

10. Name and Address of New Registered Agent:

81 Name: Cristina Oliveira

82 Street Address (P.O. Box Number is Not Acceptable): 2701 Lejune Rd. #345

84 City: Coral Gables FL 85 Zip Code: 33134

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, to 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MESA, RAUDEL	1.2 NAME	Mesa Raudel
STREET ADDRESS	6500 SW 67 AVE.	1.3 STREET ADDRESS	2701 Lejune Rd.
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	SD	2.1 TITLE	SD
NAME	MESA, RENALDO	2.2 NAME	Mesa Renaldo
STREET ADDRESS	6500 SW 67 AVE.	2.3 STREET ADDRESS	2701 Lejune Rd.
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]*

CR2E034 (10/97)