

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000005412 (9)

1. Corporation Name

ANGEL AUTOMOTIVE GROUP, INC.

Principal Place of Business

PO BOX 27740
LAS VEGAS NV 89126

Mailing Address

1505 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

FILED
Jan 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

65-0696298

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CASEY, JAMES C
10680 NW 25TH ST
MIAMI FL 33172

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

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME CALVO, JOSE A
STREET ADDRESS 1505 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE DST ☐ DELETE

NAME DIAZ, EOLIA
STREET ADDRESS 2235 SW 12TH ST
CITY-ST-ZIP MIAMI FL 33135

TITLE DEVP ☐ DELETE

NAME BROWN, ROBERT
STREET ADDRESS 644 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☐ DELETE

NAME CALVO, JOSE A II
STREET ADDRESS 1825 PONCE DE LEON BLVD, #198
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME CALVO, MIRTA
STREET ADDRESS 1505 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME CALIGIURI, DENISE
STREET ADDRESS 2101 BRICKELL AVE, #223
CITY-ST-ZIP MIAMI FL

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

DIRECTOR, VICE CHAIRMAN

DIRECTOR, VICE PRESIDENT

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]

1-12-98 (305) 445-5550

CR2E034 (10/97)