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FILED  
Apr 07 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 # **F97000006104 (0)**

1. Corporation Name  
**CONDADO MOTORS, INC.**

Principal Place of Business  
**PO BOX 38020 AIRPORT STATION  
CAROLINA PR 00937**

Mailing Address  
**PO BOX 38020 AIRPORT STATION  
CAROLINA PR 00937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/19/1997**

4. FEI Number  
**66-0392936**

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

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**GARIP, MOISES  
8126 BENRUS ST.  
ORLANDO FL 32827**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P ARCE, LUIS V**  
STREET ADDRESS **CARR #26 K 10 H 01**  
CITY-ST-ZIP **MARGINAL LOS ANGELES CAROLINPR 00979**

TITLE ☐ DELETE

NAME **V VEGA, LUIS JR**  
STREET ADDRESS **CALLE MONCLOA SC 4 URB LA MANSION**  
CITY-ST-ZIP **LEVITTOWN PR 00949**

TITLE ☐ DELETE

NAME **S VEGA, MERCEDES J**  
STREET ADDRESS **AVE. ASHFORD 1051**  
CITY-ST-ZIP **CONDADO PR 00907**

TITLE ☐ DELETE

NAME **T VEGA, IVONNE**  
STREET ADDRESS **MALAGA PARK #7C JUAN MARTINEZ 14**  
CITY-ST-ZIP **GUAYNABO PR 00971**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Luis E. Vega Arce*

*(111) 791-1111*

CR2E034 (10/97)