

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 025 ***158.75

DOCUMENT # F97000006104

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

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 **Carmen Oviedo**
82 Street Address (P.O. Box Number is Not Acceptable)
7617 Boreas Drive
83
84 City **Orlando** 85 Zip Code **FL 32827**

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT E. Registered Agent signature required when reinstating)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P ARCE, LUIS E. VEGA**
STREET ADDRESS **CARR #26 K 10 H 01**
CITY-STATE-ZIP **MARGINAL LOS ANGELES CAROLINA PR 00979**

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

TITLE ☐ DELETE
NAME **S VEGA, MERCEDES J**
STREET ADDRESS **AVE. ASHFORD 1051**
CITY-STATE-ZIP **CONDADO PR 00907**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Daytime Phone #

CR2E034 (11/98)