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

PROFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT # 1. Corporation Name MIAMI DOWNTOWN CAR LOT Principal Place of Business Gustave L Drexel 1049 W 47 Street Miami Beach, Florid	Katheri Secretar DIVISION OF C T INC Mailing Address Gustav 1049 2 33140 Mian	rement of State ne Harris y custate corporations ve L Drexel W 47 Street ni Beach Fla	99 JAN 14 AM 10 SECRETARY OF STALLAHASSEE, FL	: 33 TATE ORIDA
333198 ²⁸ 980 2		4. FEI Number / 28/1983 Applied For		
2. Principal Place of Business 2a. Mailing Address			Applied For	
Suite, Apt. #, etc.	26		59-2288945	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29	Country 30	This corporation owes the current year in Personal Property Tax.	tangible □Yes □No
9. Name and Address of Current R		30	10. Name and Address of New Registered	
DREXEL, GUSTAVE L		81 Name _		
1049 W 47 Street Miami Beach, Florida 33140- 2802 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FI 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 I		13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE Pres DELETE		1.1 TITLE	000002752	
DREXEL, GUSTAVE L		-01/22/9901114013_)1114013
STREET ADDRESS 1049 W 47 Street CITY-ST-ZP Mismi Beach, Florida 33140		1.4 CITY-ST-ZIP	****158.75	****158.75
Wice President DELETE		2.1 TITLE		☐ Change ☐ Addition
ZAND, JUDITH A		2.2 NAME		
STREET ADDRESS 2375 N.E. 173 Street		2.3 STREET ADDRESS		
TITLE North Miami Beach,	Fla33160_	2. 4 CITY-ST-ZIP	-	☐ Change ☐ Addition
NAME Secretary- Treasurer		3.2 NAME		_ ,
DREXEL, DORRIS J 1049 W 47 Street		3.3 STREET ADDRESS		
Wigner Boach Florida 33140		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
MIAMI DEACH, FIOTIES 332 VE DECETE		4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREST ADDRESS		4,3 STREET ADORESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TILE	☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME STORET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		6.4 CITY-ST-ZIP		1 24 /
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 eath; that are 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 13 if chapted or on an attachment with an address with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				