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

DOCUMENT # G63839

1. Corporation Name

CAUTO ELECTRONIC OF FLORIDA, CORP.

Principal Place of	Bus
% ERIS LEON	
8520 SW 20 TERR	
MIAMI FL 33155	

FILED Jan 30, 1999 8:00am **Secretary of State**

01-30-1999 90001 007 ***150.00



Principal Pla	ce of Business	Mailing Address					0.0 0.0
% ERIS LEON		% ERIS LEON					
	8520 SW 20 TERR 8520 SW 20 TERR						
MIAMI FL 331	55	MIAMI FL 33155			DO NOT W	RITE IN THIS SPACE	
					3. Date Incorporated or Qualif	ed	
					10/03/1983		
2. Principal	Place of Business	2a. Mailing Addres	SS		4. FEI Number	i	Applied For
21		26			59-2340966		
Suite, Apt	# etc	Suite, Apt. #, 6	etc .		00 2040300	_ `	Not Applicable
22	,		,,,,,		Certificate of Status Desired	1 1	5 Additional
City & Sta	ito.	City & State		***************************************			Required
⊢ ′	·	ļ			6. Election Campaign Financin		May Be
23		28			Trust Fund Contribution	···-	d to Fées
Zip	Country	L Zip	Zip Country		8. This corporation owes the c	urrent year Intangible	
24	25	29	30		Personal Property Tax.	Yes	2340
	9. Name and Address of Current I	Registered Agent	-		10. Name and Address of Nev	v Registered Agent	
150	M EDIO	•	8	Name			
TAI LE	ON, ERIS O SW 20 TERR	7(201)	-	Street Ad	description of the second		
852	U SW 20 TERR	etata r	ľ	Street Ad	dress (P.O. Box Number is Not Acce	· •	
) MIA	MI FL 33155		8	13		के राष्ट्रक रहाना अन्तर का उनके के अन्तर करने के राज्य के लिए के किए के सामार्थ के स्वाप्तर के स्व	ti gran glan (Ag)
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		•	8	4 City		95 76	p Code
W. FER LEAD	<u> </u>	a to an income				· · · · · · · · · · · · · · · · · · ·	· ·
	to the provisions of Sections 607.0502 a registered agent, or both, in the State of				rporation submits this statement for the	ne purpose of changing	ts registered
agent: 1	am familiar with, and accept the obligation	ns of Section 607.05	05, Florida Statute	es.	mon's board of directors. I hereby acc	ept the appointment as	registered
SIGNATURE	*						.
CICITATIONE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered Aç	jent signature requi	ired when reinstating) /:	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AND DIRECT	ORS IN 12
TITLE	PD	: DEL	ETE 1.1 TITLE		04-23-662-6	Change	Addition
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TITLE	SD	☐ DELI	1.4 CiTY				
	LEON, MAGALI E.					☐ Change	Addition
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Thereby 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 a pattachment with an address, with all other like empowered.

305-267-0407