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 # H50722

(8)

SYLVIO & BEST AUTO DRIVING SCHOOL, INC.

FILED
Jan 30 1998 8:00am
Secretary of State

Prinolpal Piece of Business Mailing Address							i idailati atat atini abiti labin store eren atan atau atau atau atau atau atau			
N PETER CLE Suite 206	EMENT			7455 COLLINS AVE						
MIAMI BEAHC	FL 33141			SUITE 206 M BEAHC FL 33141					DO NOT WRITE IN THIS SPACE	
US US									3. Date Incorporated or Qualified	
7 7 7 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·							03/26/1985	
2. Principal P	lac e o f Busi	ness	28	2a. Mailing Address 2b 7477 Gollius Aux					4. FEI Number Applied For	
21 Suite, Apt.	#. etc.		26	26 /4/1 (OO///US /10/2:					59-2518920 Not Applicable \$8.75 Additional	
22	W, GIO.		27						5. Certificate of Status Desired Fee Required	
City & State	te			City & State					Election Campaign Financing \$5.00 May Be	
23			28	28 M. Beach FC			_		Trust Fund Contribution	
Zip		Country		Zip 77////		Countr	ry		8. This corporation owes or has paid the current fear Intangible	
24	- Nome	25	29	33141	30	<u> </u>			Personal Property Tax due June 30. Yes No	
0.1		e and Address of Cu	Jirent Regis	stered Agent		81	1	Name	10. Name and Address of New Registered Agent	
	ILLERMO, 1					L				
		S AVE., #206				82	82 Street Address (P.O. Box Number is Not Acceptable)			
MIM	ami BCH Fi	<u>.</u> 33141				83	3			
						Ļ	1			
						84	4	City	FL 85 Zip Code	
11. Pursuant	to the provis	sions of Sections 607	7.0502 and (807.1508, Florida St	atules,	the abo	ve-	named c	corporation submits this statement for the purpose of changing its registered	
onice or re agent. I a	regi s terea aç am f a miliar w	gent, or both, in the s vith, an d a ccept the c	State of Fiori obligations c	лda. Such change w of, Section 607.05 0 5	≀as auu 5, Florid	horizea d da Statuti	οyι es.	the corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE			_		•					
	Signature, typed	d or printed name of registers			(NOTE: Re		gent	t signature re	required when reinstating) DATE	
12.	ואַס ו	OFFICERS	S AND DIRE	CTORS DELETE		13.		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	PD VALENC	CIA, GUILLERMO				1.1 ITILE 1.2 NAME			Fit officers Fit volution	
STREET ADDRESS		OLLINS AVE.				1.3 STREE		nnngegg		
CITY-ST-ZIP		BEACH FL				1.4 CITY-				
TITLE	111111 11111 -	<u> </u>		☐ DELETE		2.1 TITLE		- 2"	Change Addition	
NAME						2.2 NAME	Ε			
STREET ADDRESS						2.3 STREE	ET A	DDRESS		
CITY-ST-ZIP	l					2. 4 CITY	- 51	- ZIP		
TITLE				☐ DELETE		3.1 TITLE			☐ Change ☐ Addition	
NAME						3.2 NAME	Ė	1		
STREET ADDRESS	1					3.3 STREE	ET AI	DDRESS		
CITY-ST-ZIP				Dever		3.4. CITY-		- 2IP		
TITLE				DELETE		4.1 TITLE			Change Addition	
NAME						4 2 NAME				
STREET ADDRESS						4 3 STRLE				
CITY-ST-ZIP TITLE	 -			DELETE	-	4.4 CITY - 5.1 TITLE		- ZIP	Change Addition	
NAME				□ »		5.2 NAME			□ Outungo 🛀 noomo.	
STREET ADDRESS	ĺ					5.2 NAME 5.3 STREE		pergana		
CITY-ST-ZIP						5.4 CITY-				
TITLE				DELETE		6.1 TITLE		· Zir	☐ Change ☐ Addition	
NAME	1					6.2 NAME		1	·	
STREET ADDRESS						6.3 STREE		DDRESS		
CITY-ST-ZIP						6.4 CITY-		1		
14 Lhereby c	certify that th	ie information supplir	ed with this	filing does not quali	ify for th	he exemi	natio	on stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this annual repert? 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 porporation or the receiver or director of the porporation or the receiver or director.										
officer or director of the corporation of the receiver of trusted 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.										