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PROFIT ... "
CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90107 029 \*\*\*150.00

D	OCL	<b>JMENT</b>	# -	150	722
	_			-	

1. Corporation Name

SYLVIO	& BEST AUTO DRIVING SCI	HOOL, INC.						1811 81811 1881 1811 8181 1881
Principal Plac	o of Business	Mailing Address				11860 1191 <b>4</b> 1911 '	KRAI OLDII UAULI O	IIIII BABA IBBI
,								
\$ PETER CLEMENT 7455 COLLINS AVE SUITE 206								
MIAMI BEAHC FL 33141 M BEAHC FL 33141					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualife	d		
					03/26/1985			
Principal Place of Business     Za. Mailing Address					4. FEI Number		App	plied For
21 54/410	4 Driving seleco	26 74 NT 60/1141	collius Art		59-2518920			t Applicable
Sufte, Apt.	#, etc.	Suite, Apt, #, etc.		•	5. Certificate of Status Desired	. 🗆	\$8.75 A	
22 #	206	27 \$206			5. Certificate of Citatos Desired	· 🗀	Fee Re	quired
City & Stat		City & State			6. Election Campaign Financing	<sup>1</sup> 🗆	\$5.00	
23 M.	Bench FC	28 M. Deach	FC		Trust Fund Contribution		Added to	o Fees
Zip 3 3 ,	141 Country SA	Zip 33/4/ 3	Country J	S (A)	This corporation owes the cu     Personal Property Tax.	-	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
		· · · · · · · · · · · · · · · · · · ·	81	Name				
	LERMO, VALENCIA		82	Stroot Addro	ess (P.O. Box Number is Not Accep	itable)		
745	5 COLLINS AVE., #206		1	Olicer Addie	133 (1.0. Box Humber to Her Hose)	,	•	
MIAI	WI BCH FL 33141		83					_
			104	0.1			85 Zip C	·ode
			84	City		FL	85 Zip C	,000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-	-named corpo	oration submits this statement for the	e purpose,or	ntment as rec	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligati Signature, typed or printed name of registered agent	f Florida. Such change was autrons of, Section 607.0505, Florid	norized by ti la Statutes.	-named corpo the corporation	n's board of directors. I flereby according to the second of directors.	DATE	nument as reg	
office or r agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autrons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	norized by ti la Statutes.	me corporation	n's board of directors. I hereby according	DATE	ND DIRECTO	RS IN 12
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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 as 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 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 phanged or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR