## 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

POCUMENT # K27040

(0)

FILED					
Feb 26 1998 8:00am					
Secretary of State					

S.O.S. AUTO SERVICE CENTER, I	NC.		 	DIA BUDIN SIBNI BUBIN BUBIN 18801
Principal Place of Business Mailing Address  * \$ABINO O. SOSA			DO NOT WRITE IN THIS	S SPACE
US	U\$		3. Date Incorporated or Qualified 06/24/1988	
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21	26		65-0091322	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27		5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
SOSA, SABINO O.		Marie		
2695 W FLAGER ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33135		83		
		84 City	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	s, the above-named corr		
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida, Such change was au	thorized by the corporat	ion's board of directors. I hereby accept the ap	pointment as registered
i	moris or, accitor boy.coca, mor	ida Sialules.		
SIGNATURE Signature typed or printed name of registered agor	nt and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstaling) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D	☐ DELETÉ	1.1 TITLE		Change Addition
NAME SOSA, SABINO O.		1.2 NAME		
STREET ADDRESS 3101 SW 102ND AVE.		1.3 STREET ADDRESS		Įi
CITY-ST-ZIP MIAMI FL	N. DELETE	1.4 CITY - ST - ZIP		
TITLE D	DELETE	2.1 TITLE		Change  Addition
NAME SOSA, ORLANDO		2.2 NAME		İ
STREET ADDRESS 3101 SW 102ND AVE. CITY-ST-ZIP MIAMI FL		2.3 STREET ADDRESS	-	
CITY-ST-ZIP MIAMI FL	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	200	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4, CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY-ST-ZIP	——————————————————————————————————————	5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	$\wedge$	6.2 NAME		
STREET ADDRESS	/ 1	6.3 STREET ADDRESS		1
CITY-ST-ZIP	7 1	6.4 City-St-ZIP		1

14. I hereby certify that the information supplied with flig 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 enhual 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 of 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.

CICMATURE.