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Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # K35610

NATIONAL SEAT COVERS, INC.

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Principal Flace of Business Mailing Address							HANA ARA HARI ANGS ANGK	HABEL WALL WIRLS	BIBII BIBII BIBII B	
8080 NW 29TH		_	29TH ST							
MIAMI FL 33122			MIAMI FL 33122							
US			US			B. Data Isa	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						1 -	•	,		
2 Principal O	ace of Business	2a, Maile	ing Address						Ani	plied For
	ace of business	26	ing Address			59-276				Applicable
Suite, Apt.	#. etc.		e, Apt. #, etc.			1			\$8.75 A	
22	,	27				5. Certifcat	e of Status Desired		Fee Re	quired
City & State			& State			6. Election	Campaign Financing		\$5,00	May Be
23		28				Trust Fu	nd Contribution	' D	Added to	o Fees
Zip	Country	Zip		Coun	try	8. This corp	poration owes the cu	rrent year ir		_
24	25	29		30			Property Tax.		☐ Yes	□No
	9. Name and Address	of Current Registered	Agent			10. Name a	nd Address of New	Registere	Agent	
Han	CALO ENDIONIE			Ι,	31 Name	ENRIGH	E MORE	ENO		
	ENO, ENRIQUE			Ī	32 Street A	dress (P.O. Bo)	umber is Not Accep	table)		
1777	0 SW 72 AVE .			L	808	NW a	29 37			
	# FL 3313 2			1	33					-
				ļ.	34 City	; o on :			85 Zip C	ode
					<u> </u>	4114		F <u>l</u>	<u>- 33</u>	120
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.15 the State of Florida. Su	08, Florida Statule ich chaлge was а	es, the ab- uthorized l	ove-named co ov the corpor	crporation submits ation's board of cir	this statement for the rectors. I hereby acc	e purpose o ept the appo	ir changing its sintment as reg	registered g stered
agent. al	n familiar with and accept	the obligations of, Secti	ion 607.0505, Flo	rida Satut	es.	0	·		1/201	{
SIGNATURE			En	itue	Moreu	o-Iror.			110119	7
	Signature, typed or printed na ne of re	gistered agent and title if applica CERS AND DIRECTOR		Registered A	gent signature req	ured when reinstating)		DATE	ND DIDECTA	<u> </u>
TITLE	P	CERS AND DIRECTOR	\ J			ADDITION		FEICERS "		
NAME	F				F	ADDITION	NS/CHANGES TO O	FFICERS A		Addition
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63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 🚅

STREET ADDRESS

CITY-ST-ZIP

SIGNATULE AND TYPED OR PHINTED NAME OF SIGNING OFF ICER OR DIRECTOR

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 a inual 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 an attachment with an address, with all other like empowered.